

Physical Examination

Student's name		Sex ☐ Male ☐ Female		Date of birth / /	
Height	Weight	BMI percentile		BP	

Screening Tests

Vision		Hearing		Postural	
Date performed / /		Date performed / /		Date performed / /	
Distance Acuity	☐ R ☐ L	Pure Tone		☐ No abnormality noted	
Muscle Balance	☐ Pass ☐ Fail	Right ear	☐ Pass ☐ Fail	☐ Screening not done	
Stereopsis	☐ Pass ☐ Fail	Left ear	☐ Pass ☐ Fail	☐ Referral made	
Color	☐ Pass ☐ Fail	Child wears hearing aid?	☐ Yes ☐ No	Comments	
Child wears glasses?	☐ Yes ☐ No	Child under the care of a hearing specialist	☐ Yes ☐ No		
Tested with glasses?	☐ Yes ☐ No	Referral made?	☐ Yes ☐ No		
Referral made?	☐ Yes ☐ No				

Speech/Language

Speech assessment completed	☐ Yes ☐ No
Child has no discernible speech problem	☐ Yes ☐ No
Speech evaluation recommended	☐ Yes ☐ No
Child has possible problem with	

Lead Poisoning

☐ Date _____	Type	☐ C ☐ V	Results _____	µg/dL
☐ Date _____	Type	☐ C ☐ V	Results _____	µg/dL
Tuberculin Test				
Date _____	Type _____	Results _____		

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

☐ Essentially normal ☐ Abnormalities as follows	

Is this child able to participate fully in:	
Classroom and academic activities	☐ Yes ☐ No
Physical education classes	☐ Yes ☐ No
Competition athletics	☐ Yes ☐ No
Contact and collision sports	☐ Yes ☐ No
If limitations are advised, please specify	

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?	

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP