



# WORTHINGTON ADVENTIST ACADEMY

## Student's Physician Report

**Parent/Guardian:** This form is for students in KINDERGARTEN, FIRST GRADE, FOURTH GRADE and SEVENTH GRADE, or STUDENTS NEW TO WAA. Fill out the top portion and have your child's physician/pediatrician complete the rest.

Child's Full Legal Name (First Middle, Last): \_\_\_\_\_

Birthday (MM/DD/YY): \_\_\_\_\_ Sex:  Male  Female

Grade Entering for the 2018-2019 school year:  Kindergarten  1<sup>st</sup> Grade  4<sup>th</sup> Grade  7<sup>th</sup> Grade

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### **OHIO SCHOOL HEALTH RECORD – TO BE COMPLETED BY STUDENT'S PHYSICIAN:**

**IMMUNIZATION RECORD:** Please complete Student Immunization Record Form, or attach a copy of this child's current immunization record from your office.

**OBJECTIVE DATA:** Height: \_\_\_\_\_ (\_\_\_\_%) Weight: \_\_\_\_\_ (\_\_\_\_%) Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Any abnormalities noted?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### **IS THIS CHILD ABLE TO PARTICIPATE FULL IN THE FOLLOWING?**

Classroom and academic activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Education Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competitive athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> No

If limitations are advised, please specify those limitations:

\_\_\_\_\_  
\_\_\_\_\_

**VISION SCREENING:**  Done  Not Done

Are there any potential problems or needs that might affect this child's performance in school (such as need for glasses, etc)? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

**HEARING SCREENING:**  Done  Not Done

Are there any potential problems or needs that might affect this child's performance in school (such as need for hearing aids, etc)? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

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**SPEECH/LANGUAGE SCREENING:**     Done     Not Done

Child has no discernable speech problem

Child has possible problem with \_\_\_\_Articulation    \_\_\_\_Rhythm    \_\_\_\_Voice    \_\_\_\_Language

Speech Evaluation Recommended?             Yes     No

**ALLERGIES:** Please list any allergies this child has (food, medicine, environment), and indicate any reactions, necessary precautions, and treatments currently used to manage these allergies.

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**OVERALL ASSESSMENT:** Is this child physically, developmentally, and behaviorally ready to be placed in a traditional classroom?

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Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**DATE OF MOST RECENT PHYSICAL EXAM:** \_\_\_\_\_

*PLEASE RETURN COMPLETED FORM TO:*

**Worthington Adventist Academy, 870 Griswold Street, Worthington, OH 43085**  
Phone: 614.885.9525    Fax 614.885.9501

Worthington Adventist Academy (WAA) recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court- or administrative agency-ordered or public school-initiated desegregation.