SECTION III - PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? ☐ Yes ☐ No Date _____ ☐ Visual Acuity ☐ Ocular Muscle ☐ Other _____				Urinalysis Done? ☐ Yes ☐ No Date _____ ☐ Sugar ☐ Albumin ☐ Microscopic			
Hearing Tested? ☐ Yes ☐ No Date _____ ☐ Audiometer ☐ Other _____				Blood Pressure Measured? ☐ Yes ☐ No Reading _____			
Hemoglobin/Hemotocrit Tested? ☐ Yes ☐ No				Height _____ Weight _____ Other:			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS _____

DOCTOR'S/NURSE'S SIGNATURE DATE:

Tuberculin Test (if given) Date _____ Type: _____ ☐ Negative ☐ Positive _____ mm.

SECTION IV - RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? ☐ Yes ☐ No

If yes, please explain

Should the student's activity be restricted because of any physical defect or illness? ☐ Yes ☐ No If yes, check below and explain degree of restriction:

☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Camp ☐ Other

Examiner's Signature | Date | Examiner's Name (print or type) | Degree or License

Number & Street | City | Zip | Telephone

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (Child's Name) teeth and make the following recommendations as to treatment: _____

_____ Dentist's Signature Date

COMMENTS: