

HUBER HEIGHTS CITY SCHOOLS PHYSICAL EXAMINATION FORM

PARENTS:

We appreciate your cooperation in helping to improve and promote the school health program. Each student's health is important and greatly influences his educational progress.

The Board of Education requires a medical examination upon or prior to entrance to pre-school, kindergarten, or first grade. Additional examinations are required if any defect is suspected while the child is in school. Each student should be seen regularly by his physician for complete examinations throughout the school period. A dental examination is also recommended.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND TAKE THIS FORM TO YOUR PHYSICIAN AT THE TIME OF EXAMINATION.

IDENTIFYING INFORMATION:

NAME OF STUDENT _____ DATE OF BIRTH _____

FAMILY PHYSICIAN _____ FAMILY DENTIST _____

TEST	DATE	RESULTS	TEST	DATE	RESULTS	
PRESENT AGE			VISION			
HEIGHT (no shoes to nearest 1/8")			Acuity R/L			
			Re-screening			
WEIGHT (light clothing to nearest 1/4#)			Strabismus			
			COMMENTS			
BLOOD PRESSURE			OTHER TESTS (if indicated)			
HEMATOCRIT or HEMOGLOBIN			Sickle Cell			
			Lead			
HEARING (type of test) Results R/L Re-screening			Ova & Parasites			
			Urinalysis			
SPEECH		Normal/Abnormal	OTHER			
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEPATITIS B						
DPT						
POLIO						
MMR						
TB						
HIB						

Please check those items that revealed any abnormalities during examination:

- | | | | |
|---|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> General Appearance | <input type="checkbox"/> Eyes | <input type="checkbox"/> Lungs | <input type="checkbox"/> Skeletal System |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Ears | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Neuro Muscular |
| <input type="checkbox"/> Lymph Nodes | <input type="checkbox"/> Nose/Throat | <input type="checkbox"/> Genitalia | <input type="checkbox"/> Teeth, Gums, Tongue & Palate |
| <input type="checkbox"/> Heart | | | |

Describe fully, any abnormalities:

Based upon the medical history and physical condition at the time of this examination, he/she is free from communicable diseases, including Tuberculosis, and has received immunizations required by statute for admission to school under Section 3313.671 of the Revised Code or has had the immunizations required by the State Department of Health for infants and toddlers.

PHYSICIAN SIGNATURE _____ DATE _____

DENTIST:
 At this time, child has no apparent dental defects _____
 Child is under regular dental care _____
 Appointments have been made for correction of defects _____
 DENTIST SIGNATURE _____ DATE _____