## Ohio Department of Health • School and Adolescent Health Physical Examination

Student's name						Sex Date of birth						
						1ale	☐ Fe	male	/		/	
Height	Weight   BMI perc			BMI percentile				BP				
Screening Tests Vision		Hearing					Postu	ıral				
Date performed		Date performe	ed				Date pe	-	1			
. / /		'	/	/					/	/		
, ,		Pure Tone		<u>'</u>					,			
,	] L			l	No abnormality noted							
	9			s 🔲 Fail				Screening not done				
·	Fail Left ear Pass Fail				_		Referral made					
	9				□ No		Comments					
]	□ No	_										
Tested with glasses?	□ No		g specialist	☐ Yes	□ No							
Referral made?	□ No	Referral mad	de?	☐ Yes	□ No							
Speech / Language			Load Poi	coning								
Speech/Language	П.,		Lead Poi			-			D !:		/ 11	
Speech assessment completed	☐ Ye										μg/dL	
Child has no discernible speech probl			☐ Date	-		Туре	ЦС	∐ V	Results		μg/dL	
1 -	☐ Ye		Tubercu									
Child has possible problem with			Date			Type _			Results			
Physical Examination Date of most r	nalities as foll		/									
Is this child able to participate fully in:												
Classroom and academic activities	☐ Yes	□ No	Physical ed	ducation classe	es	☐ Yes		10				
Competition athletics	☐ Yes	□ No	Contact ar	nd collision sp	orts	☐ Yes		10				
If limitations are advised, please specify												
Does this child have any physical, developn	nental or beha	vioral issues tha	it may affect his	/her educationa	al process?	?						
HealthCare Provider's signature		Drine	Print name				וח	none				
Theath Care Frovider's signature	Print name			( )			, ,	)				
Address							D	ate				
									/	/		
City						State	ZI	Р				