

Antwerp Local School Physical Examination Report

Child's Name: _____ Age: _____ Sex: _____
Last First Middle

Date of Birth: _____

MEDICAL HISTORY:

Give significant details (serious illness, allergies, operations, accidents, diagnoses, etc.)

GENERAL FINDINGS:

Height _____ inches Weight _____ lbs. BMI _____ BP _____

Vision: R _____ Vision: L _____ Glasses: Yes No

Hearing within normal limits: Yes No Noted Concerns: _____

Speech within normal limits: Yes No Noted Concerns: _____

Motor Skills within normal limits: Yes No Noted Concerns: _____

Please evaluate the following: Lymphatics, Skin, Head, Abdomen, Chest, Back, Extremities, Reflexes, Muscle Tone, Gait, Neck

Within normal limits: Yes No Noted Concerns: _____

The Ohio Department of Education (Office of Early Childhood) recommends:

Hematacrit Was test performed? Yes No Dental Screening? Yes No

Lead Was test performed? Yes No

If tests not completed, reason provided: _____

BEHAVIORAL PROBLEMS:

Please evaluate the following areas: Hyperactive, Withdrawn, Short Attention Span, etc.

Within normal limits: Yes No Noted Concerns: _____

PHYSICAL EDUCATION / PLAYGROUND RESTRICTIONS: Yes No

MEDICATIONS CURRENTLY TAKING: _____

MEDICAL RECOMMENDATIONS: _____

IMMUNIZATIONS:

Immunizations are up to date (please attach copy of record) Yes No

If "no" state reason why: _____

Signature of Examining Physician

Telephone

Date