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

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Within Normal Limits	Under Care	Referred
Vision Tested? ☐ Visual Activity ☐ Yes ☐ No ☐ Muscle Imbalance Date_____ ☐ Other (Specify)_____			
Hearing Tested? ☐ Audiometer ☐ Yes ☐ No ☐ Other (Specify)_____ Date_____			
Hemoglobin/Hemotocrit Tested? ☐ Yes ☐ No			
Blood Lead Level Tested? ☐ Yes ☐ No Date_____ Result _____			

	Within Normal Limits	Under Care	Referred
Urinalysis Done? ☐ Sugar ☐ Yes ☐ No ☐ Albumin Date_____ ☐ Microscopic			
Blood Pressure Measured? ☐ Yes ☐ No Reading_____			
Height_____ Weight_____ Other:			
Blood Lead level recommended for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high risk areas should be tested at the same intervals as noted above.			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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 _____ teeth and make the following recommendations as for treatment:
Child's Name

Dentist's Signature | Date

COMMENTS