NORWOOD CITY SCHOOL DISTRICT

2018-19

Ohio School History *Historia de Escuela de Ohio* School *Escuela*: _____

Physician Assessment *Evaluación de Médico* Enrolled *Matriculada*: _____

Name:_____ Gender: _____ Age:_____ DOB: _____
Nombre *Género* *Edad* *Fecha de nacimiento*

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian American ☐ Other
Etnicidad *Blanco* *Afro-Americano* *Hispano* *Americano Asiatico* *Otro*

Objective Data: Height_____Weight: _____ B.P.:_____

IMMUNIZATION - *INMUNIZACIÓN*

Required for school entry - *Requerido para entrada escolar*

TYPE	DATE: MO/DAY/YEAR					
DtaP, DPT or DT						5th dose required if 4th dose given before 4th b-day for **Kindergarten**
DT/Td					**Grades K-12:** 3-4 doses of DtaP, DTP, DT or Td or any combination **Grade 7-12: 1 dose of Tdap or Td prior to entry into 7th grade**	
POLIO					**K-6** students must have 3 or 4 doses of IPV, final dose on or after 4th birthday; 4 doses if a combination of OPV/IPV. **Grades 7-12** 4 doses if combination IPV/OPV. 4 doses if all IPV/OPV & if the final dose was given before 4th birthday	
MMR					**KG-12**: 2 doses required for 2018-19	
HEPATITIS B					**PS-12**: 3 doses required for 2018-19	
VARICELLA					**K-7** must have 2 doses for 2018-19 **Gr. 8-11** must have 1 dose for 2018-19	
HIB (prior to age 5 only)					0-14 months; 3-4 doses, 5-59 months; 1 dose	
TUBERCULIN TEST					**Required if traveled to high-risk area**	
ROTAVIRUS (given @ 2-4-6 mo. Not after 12 mos.)						
OTHER						

SCREENING TESTS - *PROYECCIÓN DE PRUEBAS*

Vision *La Visión*: Date:	Hearing *El Oido*: Date:
Distance Acuity Right_____ Left_____ Muscle Balance ☐ Pass ☐ Fail ☐ Not Done Farsightedness ☐ Pass ☐ Fail ☐ Not Done Color ☐ Pass ☐ Fail ☐ Not Done Child Wears Glasses? ☐ Yes ☐ No Tested With Glasses? ☐ Yes ☐ No Referral Made? ☐ Yes ☐ No Specify Test/Equipment:_____	Pure Tone Testing: Right Ear ☐ Pass ☐ Fail ☐ Not Done Left Ear ☐ Pass ☐ Fail ☐ Not Done Child Wears Hearing Aid? ☐ Yes ☐ No Testing With Hearing Aid? ☐ Yes ☐ No Referral Made? ☐ Yes ☐ No Other Test(specify):_____

SPEECH ASSESSMENT *EVALUACIÓN DE DISCURSO* Date:

☐ Child has no discernible speech problem
☐ Child has possible problem with: ☐ Articulation ☐ Rhythm ☐ Voice ☐ Language

Speech evaluation is recommended: ☐ Yes ☐ No

LABORATORY TESTS ***PROCEDIMIENTOS ANALÍTICOS***

**ODH Lead Testing Requirement: ages 6-72 months

☐ Hemoglobin/Hematocrit ☐ Urine Protein ☐ Urine Blood ☐ Urine Glucose
☐ **BLL (Blood Lead Level):_____

PHYSICAL EXAMINATION ***EXAMEN FÍSICO***

**Kindergarten students must have a signed physician exam on file with the school within 30 days of admission. The exam must have been given within the year.

***Los estudiantes de jardín de infancia deben tener un examen de médico firmado en el archivo con la escuela 30 días después de la admisión. El examen debe haber sido dado dentro del año.*

Date of Examination: _____

- ☐ This child is essentially within normal limits
- ☐ This child is not within normal limits

Explain:

Does this child have any physical, developmental or behavioral problems? Suggest special programs, placement or attention that the school can provide.

¿Tiene este niño alguno problemas de conducta o físicos, del desarrollo? Sugiera programas especiales, colocación o atención que la escuela puede proporcionar.

ACTIVITIES & LIMITATIONS

Can the child participate fully in the following activities?

Classroom and academic activities	☐ Yes ☐ No
Physical Education classes	☐ Yes ☐ No
Competitive Athletics	☐ Yes ☐ No
Contact & Collision Sports	☐ Yes ☐ No

Specify any limitations:

Is this child on any medications? ☐ Yes ☐ No

Explain:

Examiner's Signature: _____ Date signed: _____

Examiner's Printed Name: _____

Address: _____

Phone: _____