NORWOOD CITY SCHOOL DISTRICT 2019-20

Ohio School History
Historia de Escuela de Ohio

School: _____
Escuela

Physician Assessment
Evaluación de Médico

Enrolled: _____
Matriculada

Name(Firma):_____ Gender: _____ Age:_____ DOB: _____

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian American ☐ Other

Objective Data:

Height_____ Weight: _____ B.P.:_____

IMMUNIZATION
Required for school entry

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 1-12:** 4 doses of DtaP, DTP, DT or Td or any combination **Grade 7-12: 1 dose of Tdap or Td prior to entry**	
POLIO					**K-8** 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 9-12** 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 2019-20	
HEPATITIS B					**KG-12**: 3 doses required for 2019-20	
VARICELLA					**K-8** must have 2 doses for 2019-20 **Gr. 9-12** must have 1 dose for 2019-20	
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

Vision: Date:	Hearing: 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 Date:

☐ Child has no discernible speech problem
☐ Child has possible problem with: ☐ Articulation ☐ Rhythm ☐ Voice ☐ Language
Speech evaluation is recommended: ☐ Yes ☐ No

LABORATORY TESTS

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

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

PHYSICAL EXAMINATION

**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.

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.

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: _____