



Physician's Report

Upper Arlington City Schools

School: _____

Date Enrolled: _____ Grade _____

Student's Legal Last Name	First Name	Middle Name

Date of Physical Examination: _____

Today's Date _____

This section of the form is to be completed by the Physician's office.

Screening Data

Vision	Date	Hearing	Date
Distance Acuity Right _____ Left _____		Pure tone testing:	
Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not done		Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not done	
Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not done		Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not done	
Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not done		Student wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Testing with hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Referral Made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Test (specify) _____	

Speech Assessment Date: _____
<input type="checkbox"/> Student has no discernible speech problem
<input type="checkbox"/> Student has possible problem with: <input type="checkbox"/> Articulation <input type="checkbox"/> Rhythm <input type="checkbox"/> Voice <input type="checkbox"/> Language
Speech evaluation is recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No

Objective Data

Height	Weight	BP
Laboratory Tests:		
<input type="checkbox"/> Hemoglobin/Hematocrit <input type="checkbox"/> Urine Protein <input type="checkbox"/> Urine Blood <input type="checkbox"/> Urine glucose		
<input type="checkbox"/> Other: _____		

Physical Exam:

Physical Exam essentially within normal limits.

Physical Exam is not within normal limits.

Explain: _____

Does this student have any physical, developmental, or behavioral problems? Yes No

If yes, please suggest special programs, placement or attention that the school can provide.

Activities & Limitations:

Can the student participate fully in the following activities?

Classroom and academic activities? Yes No

Physical Education classes Yes No

Competitive Athletics Yes No

Contact and collision sports Yes No

Medications: Is this student on any medications? Yes No

Explain: _____

Immunizations given at this examination: _____

Physician's Signature: _____ Date signed: _____

Physician's Printed Name: _____

Address: _____ Phone No: _____