Ohio School Health Record
Physician's Report

Child's name	Sex ☐ Male ☐ Female	Age	Date

Objective data

Height (%)	Weight (%)	B.P. /

Screening Tests

VISION	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	

HEARING	Date		
Pure tone testing:			
Right ear	☐ pass	☐ fail	☐ not done
Left ear	☐ pass	☐ fail	☐ not done
Other tests (specify) _____			
Child wears hearing aid?	☐ yes	☐ no	
Tested with hearing aid?	☐ yes	☐ no	
Referral made?	☐ yes	☐ no	

Speech/Language

Speech assessment: ☐ done ☐ not done ☐ Child has no discernible speech problem

Child has possible problem with: ☐ Articulation ☐ Rhythm ☐ Voice ☐ Language

Speech evaluation recommended: ☐ yes ☐ No

Laboratory Tests

☐ Hematocrit/Hemoglobin ☐ Urine protein ☐ Urine blood ☐ Urine glucose ☐ Other:

Physical Examination:

Date examined

☐ Essentially normal Abnormalities as follows: _____

Is this child able to participate fully in the following:

A. Classroom and academic activities? ☐ yes ☐ no

B. Physical education classes? ☐ yes ☐ no

C. Competition athletics? ☐ yes ☐ no

D. Contact and collision sports? ☐ yes ☐ no

If limitations are advised, please specify those limitations: _____

If this child has any physical, developmental or behavioral problems, how can the school assist with special programs, placement or attention?

Physician's Assessment

Problem list	Recommendation for school management
1.	1.
2.	2.
3.	3.

PLEASE PRINT OR STAMP

Physician's name	Physician's signature
Address	Date signed
Phone	

IMMUNIZATION RECORD

Type	Dates				
DTP, DT, DTaP	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Polio, OPV, or IVP	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
MMR (combined)	___/___/___	___/___/___			
Hepatitis B (3)	___/___/___	___/___/___	___/___/___		
HIB (not required)	___/___/___	___/___/___	___/___/___		
Varivax (Chicken Pox)	___/___/___				
Other (Identify) _____	___/___/___				