

# WYNFORD LOCAL SCHOOLS – PHYSICIAN’S REPORT

3288 HOLMES CENTER ROAD, BUCYRUS, OH 44820 PHONE (419) 562-7828 FAX (419) 563-2905

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STUDENT’S NAME

SEX

AGE

DATE OF BIRTH

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HEIGHT - INCHES

PERCENTILE

WEIGHT - POUNDS

PERCENTILE

BMI

BLOOD PRESSURE

PULSE

<p><b>VISION SCREENING – DONE</b> _____ <b>NOT DONE</b> _____</p> <p>DISTANCE ACUITY: RIGHT EYE _____ LEFT EYE _____</p> <p>CHILD WEARS: CONTACTS _____ GLASSES _____</p> <p>TESTED WITH CORRECTION: YES _____ NO _____</p> <p>WAS CHILD REFERRED TO EYE DOCTOR?: YES _____ NO _____</p> <p>WERE OTHER EYE TESTS DONE?: YES _____ NO _____</p> <p>IF YES, PLEASE LIST: _____</p> <p>_____</p> <p>_____</p>	<p><b>HEARING SCREENING – DONE</b> _____ <b>NOT DONE</b> _____</p> <p>TONE TESTING RIGHT EAR: PASS _____ FAIL _____</p> <p>TONE TESTING LEFT EAR: PASS _____ FAIL _____</p> <p>WAS CHILD REFERRED TO EAR DOCTOR?: YES _____ NO _____</p> <p>WERE OTHER TESTS DONE?: YES _____ NO _____</p> <p>IF YES, PLEASE LIST: _____</p> <p>_____</p> <p>_____</p>
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<p><b>SPEECH/LANGUAGE – DONE</b> _____ <b>NOT DONE</b> _____</p> <p>CHILD HAS NO DISCERNIBLE SPEECH PROBLEM: _____</p> <p>CHILD HAS DIFFICULTY WITH: (Y/N) ARTICULATION _____</p> <p>RHYTHM _____ LANGUAGE _____ LISP _____</p> <p>SPEECH EVALUATION NEEDED?: YES _____ NO _____</p>	<p><b>LABORATORY TESTS – DONE</b> _____ <b>NOT DONE</b> _____</p> <p><b>LEAD: REQUIRED FOR PRESCHOOL:</b> _____</p> <p><b>HGB: REQUIRED FOR PRESCHOOL:</b> _____</p> <p>URINE PROTEIN: _____</p> <p>URINE GLUCOSE: _____</p> <p>URINE BLOOD: _____</p>
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<p><b>PHYSICAL EXAM:</b> <b>ESSENTIALLY NORMAL – YES</b> _____</p> <p>ABNORMALITIES AS FOLLOWS: _____</p> <p>_____</p> <p>ALLERGIES: _____</p> <p>MEDS: _____</p> <p>_____</p> <p>USE OF ANY ASSISTIVE DEVICES? YES _____ NO _____</p> <p>PLEASE LIST: _____</p>	<p>CHILD MAY PARTICIPATE FULLY IN:</p> <p>CLASSROOM ACTIVITIES: YES _____ NO _____</p> <p>PHYSICAL EDUCATION CLASSES: YES _____ NO _____</p> <p>COMPETITIVE ATHLETICS: YES _____ NO _____</p> <p>CONTACT SPORTS: YES _____ NO _____</p> <p>ANY RESTRICTIONS, PLEASE LIST: _____</p> <p>_____</p> <p>_____</p>
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<p>PHYSICIAN’S SIGNATURE: _____</p>	<p>NAME PRINTED: _____</p>
<p>ADDRESS: _____</p>	<p>PHONE: _____</p>
	<p>DATE: _____</p>