CINCINNATI CLASSICAL ACADEMY

Form A

# PHYSICAL EXAMINATION FORM

Student's name | Sex ☐ Male ☐ Female | Date of birth / /

Height | Weight | BP

## Screening Tests

### Vision

Date performed / /

| | | |
|---|---|---|
| Distance Acuity | ☐ R | ☐ L |
| Muscle Balance | ☐ Pass | ☐ Fail |
| Stereopsis | ☐ Pass | ☐ Fail |
| Color | ☐ Pass | ☐ Fail |
| Child wears glasses? | ☐ Yes | ☐ No |
| Tested with glasses? | ☐ Yes | ☐ No |
| Referral made? | ☐ Yes | ☐ No |

### Hearing

Date performed / /

| | | |
|---|---|---|
| Pure Tone | | |
| Right ear | ☐ Pass | ☐ Fail |
| Left ear | ☐ Pass | ☐ Fail |
| Child wears hearing aid? | ☐ Yes | ☐ No |
| Child under the care of a hearing specialist | ☐ Yes | ☐ No |
| Referral made? | ☐ Yes | ☐ No |

### Postural

Date performed / /

☐ No abnormality noted
☐ Screening not done
☐ Referral made
Comments

### Speech/Language

| | | |
|---|---|---|
| Speech assessment completed | ☐ Yes | ☐ No |
| Child has no discernible speech problem | ☐ Yes | ☐ No |
| Speech evaluation recommended | ☐ Yes | ☐ No |

Child has possible problem with _____

### Lead Poisoning

☐ Date _____ Type ☐ C ☐ V Results_____ µg/dL
☐ Date _____ Type ☐ C ☐ V Results_____ µg/dL

### Allergies

**Health History** (Serious or chronic illnesses/injuries/surgeries)

**Physical Examination** Date of most recent examination / /

☐ Essentially normal ☐ Abnormalities as follows

Is this child able to participate fully in:

| | | | | | |
|---|---|---|---|---|---|
| Classroom and academic activities | ☐ Yes | ☐ No | Physical education classes | ☐ Yes | ☐ No |
| Competition athletics | ☐ Yes | ☐ No | Contact and collision sports | ☐ Yes | ☐ No |

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature | Print name | Phone

Address | Date

City | State | ZIP

**PLEASE ATTACH A COPY OF THE CHILD'S MOST RECENT IMMUNIZATION RECORD**