



Akron
Children's
Hospital

School Health Services

**Physician Report
(to be completed by physician)**

Name: _____ Male _____ Female _____ Age: _____

Height: _____ (_____ %ile) Weight: _____ (_____ %ile)

B.P: _____ Pulse: _____

Vision	Hearing
Distance Acuity Right _____ Left _____	Pure Tone testing (20 dB @ 1000, 2000, 4000 Hz)
Tested with glasses? _____ yes _____ no	Right Ear: _____ pass _____ fail
Muscle Balance: _____ pass _____ fail _____ not done	Left Ear: _____ pass _____ fail
Farsightedness: _____ pass _____ fail _____ not done	Other tests (specify) _____
Color vision with pseudo	
Isochromic plates: _____ pass _____ fail _____ not done	Child wears hearing aid? _____ yes _____ no
Child wears glasses? _____ yes _____ no	Tested with Hearing aid? _____ yes _____ no
Glasses for: _____ distance _____ reading _____ all times	Referral made? _____ 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

Physical Examination:

Does this child require any special assistance during the school day? _____ yes _____ no

If yes, please explain:

Medications:

Current Medications: _____

Will these medications need to be given at school? _____ yes _____ no

Immunizations: (Required by Ohio Law to attend school)

Vaccine	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th dose	Comments
DPT						Kindergarten 5 th dose required if 4 th dose before age 4 Grades 1-12 3-4 doses
Polio					N/A	4 th dose required on or after 4 th birthday
MMR			N/A	N/A	N/A	Two doses required for grades K-12
Hepatitis B				N/A	N/A	Three doses required for K-12
Varicella Chicken Pox		Kindergarten only	N/A	N/A	N/A	Kindergarten One dose on or after the 1 st birthday Second dose at least 28 days after 1 st dose. Grades 1 – 5 One dose on or after the 1 st birthday
Tdap or Td		N/A	N/A	N/A	N/A	Booster prior to entry into 7 th grade
Other						

Physician Signature

Date

Physician Name (please print)

Physician address

Physician phone

Revised 1/11