



West Clermont Local School District Health Record

Exam Date _____

Child's Legal Name _____

Date of Birth _____

Parent/Guardian's Name _____

Sex: Male Female Age _____

Address _____

Home Phone _____

Work Phone _____

Elementary School _____

Cell Phone / Pager _____

***** DOCTOR TO COMPLETE FROM HERE DOWN *****

Medicine / Food Allergies _____ EpiPen Needed? Yes No

Chronic Medical Problems / Past Surgeries _____

Medications Taken _____

PHYSICAL EXAM

Height _____ in. (_____ %) Weight _____ lbs. (_____ %) B/P _____

(No shoes, nearest 1/4 in.)

(Light clothing, nearest 1/4 lb.)

_____ General Appearance	_____ Nose	_____ Neck	_____ Lungs	_____ Skeletal System
_____ Eyes	_____ Throat	_____ Lymph Nodes	_____ Abdomen	_____ Neuro Muscular
_____ Ears	_____ Teeth	_____ Heart	_____ Genitalia	_____ Skin

Abnormal exam findings _____

IMMUNIZATIONS

TYPE	DATE (MO/DA/YR)			
DTaP				
Tdap				
POLIO				
HIB				
HEPATITIS B				
MMR				
VARICELLA				
OTHER				

LABORATORY TESTS

(optional)

Hb. / Hct. _____

Lead Level _____

Urine glucose _____

Urine protein _____

Urine blood _____

TB Mantoux _____

Other _____

SPEECH AND LANGUAGE

Speech Assessment: Child has no discernable speech problem Speech screen not done

Child has possible problem with: None Articulation Rhythm Voice Language

Formal speech evaluation recommended? No Yes

HEARING

DATE MO/DA/YR	AUDIOMETRY RESULTS (Pass/Fail)		OTHER TESTS (Specify)		REFERRED TO / MANAGED BY
	R	L	R	L	
	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			

VISION

DATE MO/DA/YR	DISTANCE ACUITY Circle one: corrected uncorrected		STRABISMUS		REFERRED TO / MANAGED BY
	R	L	R	L	
	20/	20/			

This child is able to participate in the following: Classroom and academic activities Competitive athletics
 Physical education classes Contact and collision sports

Describe any concerns, limitations, or recommendations to the school: _____

(Office / Doctor's Address Stamp Here)

Physician's Signature: _____

Date: _____