MEDICAL EVALUATION RECORD OF STUDENT
(with Physician's Recommendations)

Student's Name _____ Birth date _____ Sex _____ Grade _____

Father's Name _____ Mother's Name _____

I. A. Is student subject to conditions that may cause classroom emergencies, such as epilepsy, diabetes, fainting, allergies, asthma, other? Yes ☐ No ☐ Explain: _____

B. Does student have any other medical problems the school should be concerned with? Yes ☐ No ☐ If yes, explain:

II. A. Immunization as required by law. It is expected the physician will administer whatever inoculations are indicated at the time of this examination and record these below:

Name	Date	Date	Date	Date	Date
DPT or DT					
Polio					
MMR					
Varicella					
Hepatitis B					
HIB					
Other:					
Other:					
B. Tuberculin Test Type:_____ Date _____ Result _____ Follow-up _____					

C. Is there evident need for dental care? Yes ☐ No ☐ Explain:

D. Is there a hearing defect for which the school could help compensate by seating or other action? Yes ☐ No ☐ Explain: _____

E. 1. Has the student had a vision screening test? Yes ☐ No ☐ Date: _____ Result: _____

2. Are there ocular defects that indicate need for referral to an eye doctor? Yes ☐ No ☐ Explain: _____

3. Are there any visual defects the school could help compensate by seating or other action? Yes ☐ No ☐ Explain: _____

III. Have there been any illnesses, accidents, operations, or congenital defects that limit the student's participation in: Classroom activities? Yes ☐ No ☐ Physical education activities? Yes ☐ No ☐ Swimming? Yes ☐ No ☐ If so, explain:

IV. Is there any mental, emotional, or physical condition the student should remain under your periodic observation? Yes ☐ No ☐ If so, explain:
At what interval does the student need rechecks?

V. Physician's recommendation to the school: _____

I would like the ☐ nurse ☐ teacher to contact me regarding this student.

Date of examination: _____ Physician's Signature: _____

Office address: _____ Telephone: (_____) _____

Spring Valley Academy ♦ 1461 E. Spring Valley Road, Centerville, OH 45458 ♦ (937) 433-0790 ♦ Fax: (937) 433-0914