

Please return to:
 Clermont County Board of DD
 Thomas A. Wildey School
 2040 US Highway 50
 Batavia, OH 45103
 Phone: (513) 732-7015
 Fax: (513) 732-4950
 Email: dbeebe@clermontdd.org

Thomas A. Wildey School Medical Evaluation Form

Date of Examination: _____ Sex: Male Female
 Patient's Name: _____ Date of Birth: _____

PATIENT HISTORY

Diagnosis: _____
 Past Injuries, Surgeries, Hospitalizations, Recurring Medical Problems: _____

Allergies and Skin

Problems: _____
 Seizures (Type and Frequency): _____
 Current medication schedule: _____
 TB Skin Test and X-Ray: Negative Positive Date: _____ Type: _____

IMMUNIZATION AND DATES

Physician may attach copy of the immunization records.

DTP/Td					
POLIO					
MMR					
HIB					
HEP B					
VARICELLA					
Tdap					
MCV4					

If the child has not received all the immunizations as required, please indicate the medical reasons why these were deleted: _____

PHYSICAL EXAMINATION

Height: _____ inches Weight: _____ pounds

BP: _____ Temp: _____ Pulse: _____ Respirations: _____

Urinalysis and Blood Work: _____

General Appearance: _____

General Condition of Skin: _____

Head: _____

Eyes: _____ Visual Acuity: Left: _____ Right: _____

Ears: _____ Hearing Acuity: Left: _____ Right: _____

Nose: _____ Throat: _____

Mouth: _____ Neck: _____

Chest: _____

Heart: _____

Lungs: _____

Abdomen: _____

Genitalia: _____ Rectum: _____

Back: _____

Extremities: _____

Neurological: _____

Indicate any atypical behavior patterns and emotional responses if evident: _____

Recommendations concerning restriction of activity:

- Full participation in activities Restricted participation in activities

List restrictions and explain: _____

The herein mentioned child is declared to possess the following listed food allergies and/or special dietary needs. Alternate food(s) should be offered at school in accordance with federal, state and district policies.

Food Allergies: _____

Signature of Physician

Address

Date

Phone Number