

# To Be Completed By Physician

This form is **REQUIRED** for students in the following grades:  
**Grade 1 (unless his/her first year attending any school)**  
**Grades 2, 3, 4, 5, 7, 8, 9, 10, 12**



Digital Learning Foundation

721 N. Juniata St. Hollidaysburg, Pennsylvania 16648

## Physician's Report of Student Health Screening

**Student:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

A complete physical examination is **REQUIRED** upon school entry (K or Grade 1), Grades 6 and 11. A dental examination is **REQUIRED** upon school entry (K or Grade 1), Grades 3 and 7. Separate forms are used for these two exams.

*The following health data is **REQUIRED** of ALL Pennsylvania students in the grades indicated.*

**Height** (all grades): \_\_\_\_\_ **Weight** (all grades): \_\_\_\_\_

**BMI** (all grades): \_\_\_\_\_ **BMI %**: \_\_\_\_\_

**Vision** (all grades):                      Right                      Left

**Near**    \_\_\_\_\_                      \_\_\_\_\_

**Far**    \_\_\_\_\_                      \_\_\_\_\_

Does this student wear corrective lenses?                      Yes                      No  
 If yes, were they worn for this exam?                      Yes                      No  
 Was the student referred for further vision evaluation?                      Yes                      No

**Other Vision** (Grade 1)

**Color vision:**                      Pass      or      Fail  
**Stereo/Depth Perception:**                      Pass      or      Fail  
**Convex Lens:**                      Pass      or      Fail

**Hearing** (grades K, 1, 2, 3, 7, 11, any IEP student, and any student with known hearing loss):

	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz	Pass or Fail
<b>Right</b> dB							
<b>Left</b> dB							

**Scoliosis** (Grades 6 and 7):                      Pass      or      Fail  
 Comments: \_\_\_\_\_  
 Was this student referred for further evaluation?                      Yes                      No

**Date of Screening:** \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_  
 (must be within *current* school year – i.e. performed after 6/1/13)

Physician Name & Address (stamp):