



North Ridgeville City Schools

5490 Mills Creek Lane
North Ridgeville, Ohio 44039

(440) 327-4444
NRCS.net

Health Record Physicians Report & Immunizations

Child's Name	Gender <input type="radio"/> Male <input type="radio"/> Female	Age	Birthdate
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Objective Data

Height (%)	Weight (%)	BP /
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IMMUNIZATIONS

TYPE	DATE (MO/DAY/YEAR)				
DTaP, DPT or DT					
HEPATITIS A					
HEPATITIS B					
HIB (prior to age 5 only)					
MMR					
POLIO					
VARICELLA					
OTHER					
OTHER					

Screening Tests

Vision	Date:	Hearing	Date:
Distance Acuity	Right _____ Left _____	Pure tone testing:	
Muscle Balance	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Done	Right ear	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Done
Farsightedness	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Done	Left ear	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Done
Color	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Done	Other tests (specify) _____	
Child wears glasses?	<input type="radio"/> Yes <input type="radio"/> No	Child wears hearing aid?	<input type="radio"/> Yes <input type="radio"/> No
Tested with glasses?	<input type="radio"/> Yes <input type="radio"/> No	Tested with hearing aid?	<input type="radio"/> Yes <input type="radio"/> No
Referral made?	<input type="radio"/> Yes <input type="radio"/> No	Referral made?	<input type="radio"/> Yes <input type="radio"/> No

Speech/Language

Speech Assessment	Date:
Speech assessment:	<input type="radio"/> Done <input type="radio"/> Not Done <input type="radio"/> Child has no discernible speech problem
Child has possible problem with:	<input type="radio"/> Articulation <input type="radio"/> Rhythm <input type="radio"/> Voice Language
Speech evaluation recommended:	<input type="radio"/> Yes <input type="radio"/> No

Laboratory Tests

Student Name (First, Last)

<input type="checkbox"/> Hematocrit/Hemoglobin	<input type="checkbox"/> Urine Protein	<input type="checkbox"/> Urine Blood	<input type="checkbox"/> Urine Glucose
<input type="checkbox"/> Other: _____			

Physical Examination/Assessment

Date of Examination: _____

This child is essentially within normal limits

This child is not within normal limits

Explain: _____

Does this child have any physical, developmental, or behavioral problems? Suggest special programs, placement or attention that the school can provide.

PROBLEM LIST	RECOMMENDATION FOR SCHOOL MANAGEMENT
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Activities & Limitations

Can the child participate fully in the following activities:

Classroom and academic activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical education classes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competitive athletics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact & collision sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify any limitations: _____

Medications

Does this child take any medications? Yes No

Explain: _____

Examiner's Signature: _____ Date: _____

Examiner's Printed Name: _____

Address: _____

Phone: _____