

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

1500 Fourth Avenue Altoona, Pennsylvania 16602

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):

	<u>Right</u>	<u>Left</u>
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)

<u>Color vision:</u>	Pass	or	Fail
<u>Stereo/Depth Perception:</u>	Pass	or	Fail
<u>Convex Lens:</u>	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
Right dB							
Left 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 6/1/08)

Physician Name & Address (stamp):