

Please return to:
Clermont County Board of DD
Thomas A. Wildey School
P.O. Box 8
Owensville, OH 45160
(513) 732-7015
(513) 732-4950 Fax

The Thomas A. Wildey School Medical Evaluation Form

Date of medical evaluation: _____

Patient's Name: _____

Address: _____ Phone #: _____

Sex: male _____ female _____ Date of Birth: _____

Significant past medical history: (including surgeries, serious illnesses, hospitalizations)

Allergies and skin problems: _____

Chronic health problems (including seizures): _____

Current medication schedule:

Immunization and dates

DTP	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
HEP B	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

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

TB skin test and x-ray negative _____ positive _____

Examination:

Height: _____ inches weight: _____ pounds

Blood pressure: _____

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: _____

Extremities: _____

Back: _____

Sickle cell: _____

General appearance: _____

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: _____

Diagnosis: _____

Signature of Physician

Date

Address

Phone Number
