

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.

SECTION III - PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS
EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Normal	Under Care	Referred		Normal	Under Care	Referred
Vision Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Visual Acuity <input type="checkbox"/> Ocular Muscle <input type="checkbox"/> Other _____				Urinalysis Done? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Sugar <input type="checkbox"/> Albumin <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Audiometer <input type="checkbox"/> Other _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other: _____			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

Tuberculin Test (if given) Date _____ Type: _____ ☐ Negative ☐ Positive _____ mm.

SECTION IV - RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____	
Should the student's activity be restricted because of any physical defect or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below and explain degree of restriction: <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Camp <input type="checkbox"/> Other _____ _____ _____	
Examiner's Signature _____	Date _____ Examiner's Name (print or type) _____ Degree or License _____
Number & Street _____	City _____ Zip _____ Telephone _____

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ Child's Name _____ teeth and make the following recommendations as to treatment: _____ _____ _____	
Dentist's Signature _____	Date _____

COMMENTS:
