

# Trousdale County Schools

## SCHOOL ENTRY MEDICAL EXAMINATION

Tennessee Rules, Regulations, and Minimum Standards – 0520-1-3-.08-(2) (a)

Physician should complete this form on children initially entering Trousdale County Schools

<b>CHILD'S NAME</b>		<b>DATE OF BIRTH</b>	
<b>PARENT'S (GUARDIAN'S) NAME</b>		<b>TELEPHONE NO.</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

I have examined the above named child and obtained a medical history. The following medical findings were noted:

<b>HEARING (X for each frequency FAILED at 20 decibels or mark as PASSED)</b>	
Left: <input type="checkbox"/> 1kHz <input type="checkbox"/> 2kHz <input type="checkbox"/> 4kHz <input type="checkbox"/> Left Ear PASSED at all frequencies	
Right: <input type="checkbox"/> 1kHz <input type="checkbox"/> 2kHz <input type="checkbox"/> 4kHz <input type="checkbox"/> Right Ear PASSED at all frequencies	
<b>HEARING (Alternate Testing)</b>	
Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Name or Description of Hearing Test:	
<b>VISUAL (Checked at 20/20 standard)</b>	
Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>OTHER</b>	
BP	/                      WT.                      HT.

There were no apparent medical findings which restrict participation in routine school activities.

The following is a list of medical findings, activities that should be restricted, and length of restriction:

MEDICAL FINDINGS	RESTRICTED ACTIVITIES	RESTRICTION ENDS (Date)

<b>EXAMINER'S NAME</b>	<b>DATE</b>
<b>EXAMINER'S SIGNATURE</b>	<b>PHONE NUMBER</b>