

# 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

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

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

<b>HEARING</b> (X for each frequency FAILED at 20 decibels or mark as PASSED)	
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</b> (Checked at 20/20 standard)	
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)

EXAMINER'S NAME	DATE
EXAMINER'S SIGNATURE	PHONE NUMBER