



Olney Friends School

61830 Sandy Ridge Road, Barnesville, OH 43713
www.olneyfriends.org

PHYSICAL EXAMINATION AND HEALTH HISTORY (To be completed by the student's physician)

Student Name _____ Birth date _____
Height _____ Weight _____ BP _____ Pulse _____ Vision: Right 20/ _____ Left 20/ _____

MEDICAL FINDINGS	NORMAL	ABNORMAL
Appearance		
Eyes/ears/nose/throat		
Hearing		
Nodes		
Heart		
Lungs		
Abdomen		
Neurologic		
Extremities		

MANDATORY: Mantoux TB test (Must be done prior to arrival at OFS)

Date: _____ Reaction: Positive _____ Negative _____

If student is a positive reactor for the FIRST time a chest X-ray must be done according to Ohio law.

Date of Chest X-ray _____ Results _____

If student is a known positive reactor or has a documented history of TB, then the student must be assessed for signs/symptoms of TB. Please indicate if student is symptom free: Yes _____ No _____

If no, please list symptoms and treatment _____

STUDENT HEALTH CONDITIONS:

_____ NO Medical Conditions

_____ YES, this student has a history of/receives care for the following:(Check all that apply)

_____ Allergies _____ Asthma _____ ADD/ADHD _____ Autism _____ Behavior concerns

_____ Birth/congenital malformations _____ Cancer _____ Diabetes _____ Depression

_____ Ear problem/difficulty hearing _____ Emotional concerns _____ Headaches

_____ Heart problems _____ Hemophilia _____ Juvenile arthritis _____ Migraines

_____ Neuromuscular disorder _____ Seizure disorder _____ Skin conditions _____ Speech problems

_____ Blood disorders _____ Vision problems(glasses,contacts) _____ Other _____ Other

Please explain any conditions checked above _____

Is student able to participate fully in:

1) Classroom and academic activities: _____ Yes _____ No

2) Physical education classes: _____ Yes _____ No

3) Competition/contact/collision sports: _____ Yes _____ No

If limitations are advised, please specify: _____

Physician Signature _____ Date _____

Address _____ Phone _____