ILM ACADEMY

# Physical Examination Form

**<u>New Families:</u> All grade levels are required to submit a most recent annual physical examination form along with this form**

**<u>Current Students:</u> Required Health Screenings for students entering the following grades: ML3, 1st, 3rd, 5th, 7th Grade**

The following screenings are required by the Texas Department of State Health Services, screenings must be completed by a physician and returned to admissions@ilmacademy.org. **DUE DATE: May 29th, 2023.**

*<u>VISION/HEARING</u>: required for children who will turn 4 years old by Sep 1, 2023, and any students entering Montessori Level 3 (KG), 1st, 3rd, 5th, 7th Grade Students, and <u>All New Students</u>.*

*<u>SCOLIOSIS (SPINAL)</u>: required for GIRLS ENTERING 5th & 7th Grade & BOYS ENTERING 8TH Grade.*

Student Name: _____

Gender: _____ Grade: _____ Date of Birth: _____

*(Please refer to the back of this form for the report of results)*

# REPORT OF RESULTS

**(This portion of the form to be completed by a physician, physician assistant, or nurse practitioner)**

## Vision:

Screened with contacts or glasses? (circle one) Y/N

Right Eye: 20/___ Pass _____ Fail _____

Left Eye: 20/___ Pass _____ Fail _____

*If Failed, please fill in the following:*

Referral: Y/N Referral Date: _____ Referred to: _____

## Hearing:

Screened with Hearing Aids? (circle one) Y/N

Right Ear: Pass _____ Fail _____

Left Ear: Pass _____ Fail _____

*If Failed, please fill in the following:*

Referral: Y/N Referral Date: _____ Referred to: _____

**Physician Name (printed):** _____ Phone: _____

**Physician Signature:** _____ Date: _____

## Scoliosis (Spinal) Screening (*required for GIRLS ENTERING 5th & 7th Grade & BOYS ENTERING 8TH Grade)*:

Spinal screening performed (circle one): Visual / X-ray / Not done

Results: _____

*If Failed, please fill in the following:*

Referral: Y/N Referral Date: _____ Referred to: _____

**Physician Name (printed):** _____ Phone: _____

**Physician Signature:** _____ Date: _____