# Appendix L

## Readiness Physical Form and Dental Report

**Lial Catholic School**
**5700 Davis Road**
**Whitehouse, Ohio 43571**
**419-877-5167**

CHILD NAME_____ DOB_____

**PHYSICAL ASSESSMENT** DATE OF EXAM**:** _____

CHECK ONE:_____ ENTIRELY WITHIN NORMAL LIMITS_____ABNORMALITIES AS FOLLOW:

_____

_____

**SCREENING TESTS**

VISION DISTANCE: DATE_____ RIGHT_____ LEFT_____

HEARING: DATE_____ RIGHT_____ LEFT_____

HEMOGLOBIN: DATE_____ RESULT_____

LEAD: DATE_ _____ RESULT_____

HEIGHT: _____ WEIGHT_____ BP_____

_____

SIGNATURE OF EXAMINING PHYSICIAN AND DATE

_____

OFFICE/CLINIC ADDRESS AND PHONE NUMBER

**PLEASE ATTACH COPY OF IMMUNIZATION RECORD OR EXEMPTION RECORD**
**CHECK YES OR NO:** COMPLETE FOR AGE: YES_____NO_____
**CHECK YES OR NO:** EXEMPTION ON FILE: YES_____NO_____

**********

**DENTAL REPORT**

THE FOLLOWING SERVICES HAVE BEEN PERFORMED: DATE OF EXAM: _____

_____ONLY EXAM _____ORAL PROPHYLAXIS _____FLOURIDE X-RAYS _____

THE FOLLOWING STATEMENTS ARE APPLICABLE:
_____ NEEDED SERVICE COMPLETE _____ FURTHER TREATMENT IS INDICATED

_____

SIGNATURE OF EXAMINING DENTIST AND DATE

_____

ADDRESS AND PHONE NUMBER