



WORTHINGTON ADVENTIST ACADEMY

Student's Physician Report

Parent/Guardian: This form is for students in KINDERGARTEN, FIRST GRADE, FOURTH GRADE and SEVENTH GRADE, or STUDENTS NEW TO WAA. Fill out the top portion and have your child's physician/pediatrician complete the rest.

Child's Full Legal Name (First Middle, Last):

Birthday (MM/DD/YY): Sex: Male Female

Grade Entering for the 2024-2025 school year: Kindergarten 1st Grade 4th Grade 7th Grade

OHIO SCHOOL HEALTH RECORD – TO BE COMPLETED BY STUDENT'S PHYSICIAN:

IMMUNIZATION RECORD: Please complete Student Immunization Record Form, or attach a copy of this child's current immunization record from your office.

OBJECTIVE DATA: Height: _____ (____%) Weight: _____(____%) Blood Pressure: _____ / _____

Any abnormalities noted? Yes No If yes, please explain:

IS THIS CHILD ABLE TO PARTICIPATE FULL IN THE FOLLOWING?

Classroom and academic activities Yes No
Competitive athletics Yes No

Physical Education Classes Yes No
Contact and collision sports Yes No

If limitations are advised, please specify those limitations:

VISION SCREENING: Done Not Done

Are there any potential problems or needs that might affect this child's performance in school (such as need for glasses, etc)? Please explain.

HEARING SCREENING: Done Not Done

Are there any potential problems or needs that might affect this child's performance in school (such as need for hearing aids, etc)? Please explain.

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SPEECH/LANGUAGE SCREENING: Done Not Done

Child has no discernable speech problem

Child has possible problem with ____Articulation ____Rhythm ____Voice ____Language

Speech Evaluation Recommended? Yes No

ALLERGIES: Please list any allergies this child has (food, medicine, environment), and indicate any reactions, necessary precautions, and treatments currently used to manage these allergies.

OVERALL ASSESSMENT: Is this child physically, developmentally, and behaviorally ready to be placed in a traditional classroom?

Physician's Name: _____

Address: _____

Phone: _____

DATE OF MOST RECENT PHYSICAL EXAM: _____

PLEASE RETURN COMPLETED FORM TO:

Worthington Adventist Academy, 870 Griswold Street, Worthington, OH 43085
Phone: 614.885.9525 Fax: 614.885.9501 Email: secretary@worthingtonadventistacademy.com

Worthington Adventist Academy (WAA) recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court- or administrative agency-ordered or public school-initiated desegregation.