

## Robert M. Beren Academy Health Form

Height in inches \_\_\_\_\_ weight \_\_\_\_\_ blood pressure \_\_\_\_\_

**Spinal screening:** passed \_\_\_\_\_ observation \_\_\_\_\_ Referred \_\_\_\_\_

**Vision Screening:** right eye \_\_\_\_\_ left eye \_\_\_\_\_

Results of Visual Screening: passed \_\_\_\_\_ Referred \_\_\_\_\_

Screeener: \_\_\_\_\_ date: \_\_\_\_\_

<b>Hearing Screening:</b>	1000	2000	4000
Right ear:	_____	_____	_____
Left ear:	_____	_____	_____

Results of hearing screening: Passed \_\_\_\_\_ Referred \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Screeener: \_\_\_\_\_ date: \_\_\_\_\_

Limitations in physical activity: \_\_\_\_\_

Other considerations: \_\_\_\_\_

I certify that on this date I have examined \_\_\_\_\_ and recommend  
(Childs name)

this child as being physically able to participate in supervised gym/PE activities and/or to  
join and participate in an athletic sports team.

**Physician's signature** \_\_\_\_\_ date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF CHILD'S IMMUNIZATION RECORD FOR  
THE SCHOOL.**