

TOLEDO ISLAMIC ACADEMY

5225 W. Alexis Rd. Sylvania, OH 43560

Phone: 419-882-3339 Fax :419-882-3334 Email : registration @tiaus.net

STUDENT MEDICAL INFORMATION FORM

Student Name: _____ DOB: _____ Grade: _____

Height: ____ in Weight: ____ lb.

Immunization up to date Yes No Attach Immunization Record: _____

Medical Conditions / Allergies / Medications:

Vision Screening (Distance Visual Acuity, Ability to see objects far away)

Left: Pass refer Right: Pass refer Additional Information: _____

Stereopsis : (How well eyes work together) : Pass refer _____

Colors Screening: Pass refer _____

Hearing Screening

	1000Hz of 20db	2000Hz of 20db	4000Hz of 20db
Left	<input type="checkbox"/> Pass <input type="checkbox"/> refer	<input type="checkbox"/> Pass <input type="checkbox"/> refer	<input type="checkbox"/> Pass <input type="checkbox"/> refer
Right	<input type="checkbox"/> Pass <input type="checkbox"/> refer	<input type="checkbox"/> Pass <input type="checkbox"/> refer	<input type="checkbox"/> Pass <input type="checkbox"/> refer

Physician Verification

Physician Name: _____ Date of Exam: _____

Phone: _____ Address: _____

School Use only	Screenings completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up needed <input type="checkbox"/> Yes <input type="checkbox"/> No
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