

THE MONTESSORI ACADEMY OF ARLINGTON

Preparing children for life, not just the next test.



Health Record

Annual Physical and Health Screenings (must be completed by doctor)

An official record provided by your doctor may be used rather than completing this form. It must have the student's name, date of birth, and a doctor's signature or stamp.

Student Name: _____ Date of Birth: _____

Verification of Annual Physical

All new students and students attending Toddler, Early Childhood, or Kindergarten (EXT) are required to have a current physical annually.

Height (no shoes): _____ Weight (light clothing): _____

Diagnosis of medical condition(s): _____

Limited activities: _____

Special diet/restrictions: _____

Allergies: _____

I have examined the child named on this form and find that he/she IS IS NOT able to participate in this school program.
(circle one)

Physician's Signature (or stamp) _____ Date: _____

Physician's signature or stamp and date required for verification of physical

Health Screenings

Vision Acuity and Hearing Sensitivity Screenings

Required for:

1. All new students ages 4 and up
2. 4 year olds
3. Kindergartners/Extension
4. Elementary students in levels 1, 3, and 5
5. All children who have failed a previous screening.

Hearing Screening

at 25dB	R	L
1000 Hz		
2000 Hz		
4000 Hz		

Pass Fail

Date: _____

Vision Screening

Distance Acuity R-20/ _____ L-20/ _____

Pass Fail

Date: _____

Diabetic Prescreening (Acanthosis Nigrans)

Required for:

1. 1st Level Pass Fail
2. 3rd Level Date: _____
3. 5th Level

Spinal Screening

Required for:

1. 6th Level Pass Fail
- Date: _____

Screener Signature: _____