



Texas School for the Blind and Visually Impaired Student Physical Examination

To Be Completed by Physician

Student's Name: _____

Date of Student's Physical Exam: _____

Dear Physician (Physician's Assistant, or Nurse Practitioner): The staff of the Texas School for the Blind and Visually Impaired wants to ensure that we provide each student attending the school medical and dietary care consistent with the student's needs. To this end, please provide the information requested below.

1. Current Physical Status.

If student height, weight, blood pressure or pulse rate is not within normal limits, please include any comment that might help us better understand the student's medical needs.

Height:

Weight:

Body Mass Index (BMI):

Blood Pressure:

Pulse Rate:

2. Physical Exam

Area	Comments about area:
Ears	
Nose	
Throat	
Mouth and Teeth	
Neck	
Cardiovascular	
Chest and Lungs	
Abdomen	
Skin	

Genitalia	
Psychosocial	

3. Current Medical Conditions and Implications

Please describe any conditions, diseases, physical problems, allergies, etc. indicated and recommended treatment and limitations.

Condition, Disease, Problem	Treatment, Limitations, Implications for Care	Comments including duration of treatment and recommendations for additional evaluations

4. Diet.

Are there any special diet recommendations? :

5. Information for Student’s Health Care Providers, Residential Staff and Educational Staff.

TSBVI is a 24-hour residential school. Please provide information that the student’s health care providers, dormitory staff or teaching staff need to know in order to meet the student’s medical and dietary needs.

6. Medications.

If the student is currently taking any medication for which the student will need one or more refills, please complete and sign the enclosed "Student Medications: Physician's Order".

7. Team Sports.

The parent/guardian may want the student to participate in team sports at the Texas School for the Blind and Visually Impaired (TSBVI). These sports may include wrestling, track and field, goal ball, swimming, cheerleading, rowing, archery, tennis and beep baseball.

The coaches and employees working with the student will provide accommodations for the student's visual impairment.

Is the above-named student able to safely participate in team sports?

_____ **Yes, without restrictions**

_____ **Yes, with restrictions**

If you answered yes, with restrictions, please provide information about any medical, physical or eye conditions that we need to be aware of during the student's practice and participation. (Note to Parent and Physician: In stating these restrictions, please remember that it is important that your consideration of eye conditions include any information about the student's eye conditions that may have been provided by the student's licensed eye specialist.)

_____ **No**, the above-named student is not able to safely participate in team sports.

Printed Physician Name: _____

Address:

Physician Phone Number: _____

Physician Fax Number: _____

Physician's Signature

Date

Please email, mail or fax to:

Texas School for the Blind and Visually Impaired
Summer Programs
1100 West 45th Street
Austin, Texas 78756
summer-programs @tsbvi.edu
Fax: 512.206.9168