

Your child's pediatrician will have this form.

Georgia Department of Human Resources

CERTIFICATE OF EAR, EYE AND DENTAL EXAMINATIONS TO BE FILED WITH SCHOOL AT TIME OF CHILD'S ENROLLMENT

This is to verify that the child identified here has received or been excused for special or provisional reasons from receiving EXAMINATIONS, TESTS or INSPECTIONS.

IDENTIFYING INFORMATION

CHILD'S NAME First _____ Middle _____ Last _____			DATE OF BIRTH Mo. _____ Day. _____ Yr. _____		
LOCAL RESIDENCE (Street & Number, P.O. Box, Route, Etc.) _____			SCHOOL _____		
CITY _____		STATE & ZIP CODE _____		COUNTY _____	
PARENT'S NAME _____			ADDRESS (Street or R.F.D. No., City or Town, State) _____		

EYE-VISION

<input checked="" type="checkbox"/> Screening Test	<input checked="" type="checkbox"/> Passed
<input type="checkbox"/> Needs Further Professional Examination	
<input type="checkbox"/> Special Certificate	
<input type="checkbox"/> Provisional Certificate	
EXAMINATION DONE BY	DATE
<input type="checkbox"/> County Health	
<input type="checkbox"/> Volunteer Organization	
<input checked="" type="checkbox"/> Private Practitioner	
EXAMINER'S SIGNATURE	TITLE

EAR-HEARING

<input checked="" type="checkbox"/> Screening Test	<input checked="" type="checkbox"/> Passed
<input type="checkbox"/> Needs Further Professional Examination	
<input type="checkbox"/> Special Certificate	
<input type="checkbox"/> Provisional Certificate	
EXAMINATION DONE BY	DATE
<input type="checkbox"/> County Health	
<input type="checkbox"/> Volunteer Organization	
<input checked="" type="checkbox"/> Private Practitioner	
EXAMINER'S SIGNATURE	TITLE

DENTAL

<input type="checkbox"/> Normal Appearance (Green)	
<input type="checkbox"/> Needs Further Professional Examination (Yellow)	
<input type="checkbox"/> Emergency Observed Problem (Red)	
<input type="checkbox"/> Special Certificate	
<input type="checkbox"/> Provisional Certificate	
EXAMINATION DONE BY	DATE
<input type="checkbox"/> Public Health: Dentist, Hygienist, PH/School R.N.	
<input type="checkbox"/> Private Practitioner: Dentist, Physician	
EXAMINER'S SIGNATURE	TITLE

FOR INFORMATION: Contact your COUNTY HEALTH DEPARTMENT or your PRIVATE Practitioner

CHILDREN'S MEDICAL GROUP, P.C.

1875 CENTURY BLVD., N.E.
SUITE 150
ATLANTA, GA 30345
(404) 633-4595

FOR INSTRUCTIONS: See reverse side of page

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