

Vision/Hearing/Physical Impairment

Student Name: _____ School: _____ Grade: _____

Vision _____ Pass _____ Fail Date _____
 _____ Pass _____ Fail Date _____
 _____ Pass _____ Fail Date _____
 _____ Glasses/Corrective Lens

Hearing _____ Pass _____ Fail Date _____
 _____ Pass _____ Fail Date _____
 _____ Pass _____ Fail Date _____

Nurse Signature _____

Physical Impairments Impacting Education

_____ Not Present _____ Present

Description of Adverse Educational Impact

Nurse Signature _____