

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 certify 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	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CITY	STATE & ZIP CODE		COUNTY	RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	
PARENT'S NAME			ADDRESS (Street or R.F.D. No., City or Town, State)		

EYE-VISION	
<input type="checkbox"/> Screening Test <input 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 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

EAR-HEARING	
<input type="checkbox"/> Screening Test <input 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 type="checkbox"/> Private Practitioner	
Examiner's Signature	Title

FOR INFORMATION: CONTACT YOUR COUNTY HEALTH DEPARTMENT, OR YOUR PRIVATE PRACTITIONER FOR INSTRUCTIONS: SEE REVERSE SIDE OF THIS PAGE.	
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