

**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			DATE OF BIRTH		
First	Middle	Last	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.

INSTRUCTIONS

TO THE EXAMINER:

1. **Make certain identifying information is properly filled in.**
2. **Make certain the appropriate section of the certificate is filled in for the examination performed.**
3. **When any or all examinations indicate that the child “needs further professional attention”:**

the appropriate report form will be supplied by the county health department for private practitioner to fill in and return to the health department in the county of child’s residence.

TO THE SCHOOL:

1. **When any portion of a certificate indicates that the child “needs further professional examination” and it appears that the child has not had attention, this information should be made available to the county health department.**
2. **When a “Provisional Certificate” is indicated this information should be made available to the county health department.**

TERMS DEFINED:

Examination means an appropriate method of inspection.

Screening Test Passed means to pass a standardized inspection for sorting out those who meet specific requirements.

Examiner means one who is qualified to perform appropriate inspections or tests.

Private Practitioner means one who is in the private practice of dentistry, medicine or a related specialty and licensed under the laws of Georgia.

Provisional Certificate is one issued when in the opinion of a physician a physical disability contraindicates the performance of one or all required examinations. Such certificates will be subject to review.

Special Certificate is one issued when a conflict with belief and practices exists. The parents’ affidavit to this effect shall be filed with the county health department.