# MEDICAL EXAMINATION FORM

**CHILo HEALTH AND EDUCATION STUDY**
Under the auspices of the University of Bristol and the National Birthday Trust

**Director:**
Professor Neville R. Butler, MD, FRCP, FRCOG, DCH

**Department of Child Health Research Unit**
University of Bristol
Bristol (0272) 24920
BS2 8B

1980

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**PLEASE USE BLOCK CAPITALS**

<table>
<thead>
<tr>
<th>Child’s Surname</th>
<th>Sex: M [ ] F [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Forenames</td>
<td></td>
</tr>
<tr>
<td>Child’s Home Address</td>
<td>Date of Birth: 04/07/70</td>
</tr>
<tr>
<td>Health District</td>
<td>Name of Examining Medical Officer: CONE</td>
</tr>
<tr>
<td>Name of Examining Medical Officer</td>
<td>Today’s Date: EXPANDA/EXAMDATE/EXAMNOTIC</td>
</tr>
</tbody>
</table>

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**INTRODUCTORY NOTES**

First, may we take this opportunity to thank you for carrying out this examination on behalf of the Child Health and Education Study.

For your assistance, a short instruction booklet is provided with this examination form. This includes an outline of the historical background of the Study, a near-vision test sheet and some procedural details.

You will need the following equipment for the medical examination:

**PROCEDURE:**

- **EQUIPMENT RECOMMENDED:**
  - **Height:** Steel/wooden measuring rod or steel tape measure. If not available, stadiometer on back of weighing machine.
  - **Weight:** Beam balance, or other weighing apparatus.
  - **Head Circumference:** Paper or plastic-covered tape measure.
  - **Distant Vision:** Standard Snellen Chart (or equivalent).
  - **Near Vision:** Near Vision chart of Sheriden-Graham type, reproduced in instruction booklet by kind permission of the author.
  - **Blood Pressure:** Mercury sphygmomanometer; the bladder within the cuff should be deep enough to cover about two-thirds of the length of upper arm and long enough to circle the arm completely. A cuff depth of at least 4 ins. is advisable. An adult-size cuff is acceptable.
  - **Motor Co-ordination Tests:** Tennis or rubber ball: a piece of chalk; stop-watch or a watch with second hand: 2 standard match boxes, one of which contains 20 safety matches.
  - **Audiogram:** Audiometer for sweep audiogram. The audiogram form is on the back page of this form, so that it can be detached for completion at a separate attendance, if more convenient.

In addition, access to all the following will be needed for completion of medical examination form:

- **Health Records etc.** School medical record card(s); any available screening records, assessment results, hospital reports, etc.; health file on any children with handicap or disability; SEZ/3 Forms or equivalent on children ascertained for special education.

**Completed Parental Interview:** This contains medical history.

**Form for this child**

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**NOTE:** IF ONE OR MORE OF THE ABOVE ITEMS ARE NOT AVAILABLE PLEASE COMPLETE THE MEDICAL EXAMINATION AS FAR AS POSSIBLE.

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1
THE MEDICAL EXAMINATION IN RELATION TO REST OF TEN YEAR STUDY.

This is the first time these children have been examined medically for the Child Health and Education Study. Therefore this is the first opportunity to identify definitively children with health problems, disabilities and handicap. Most but not all of the cohort and their parents have already participated in this Study, either in the perinatal period, immediately or at five years, when the health visitor of your AHA carried out an extensive review of the child's health, development and pre-school day care. Parents have now received a letter explaining the 10 year Study and inviting their co-operation and ensuring them of confidentiality. The vast majority of the parents are being interviewed by a school nurse or health visitor, either at home or at the medical examination just prior to your clinical examination. This is for completion of a Parental Interview Form in which the child's past medical, social and family history is being elicited. The school nurse or health visitor has been asked if possible to ensure the availability of the completed form in time for you to study the medical history before the time of the medical examination. The parent(s) will also have been asked to complete a Maternal Self-completion Form giving details of any behavioural difficulties in their child including the Rutter Child Behavioural Scale. Your Local Education Authority (Regional Council, Scotland) is arranging for a separate school educational assessment of each child, including tests of reading, mathematics, verbal comprehension and reasoning ability; from this, it will be possible to identify slow learners and children with educational as well as health problems.

THE MEDICAL EXAMINATION FORM IS IN THREE SECTIONS.

Section A. School Health

In order to complete this section fully, you will need to assemble all the child's school medical records and all other relevant school health and educational documents. You are asked to pay particular attention to assembling complete records of any child who is handicapped or receiving special education, as you will be asked to provide a summary from the notes of the progress and current status of each such child. Even if only partial records are accessible to you, please complete all Sections of this questionnaire as far as possible at the time of the medical examination from all sources available. Your Specialist in Community Medicine (Child Health) has been asked to supply further information if extra records are available centrally.

Section B. The Medical Examination

Please make sure that the recommended equipment is available. Please read carefully the medical history in the Parental Interview Form, if this has already been completed. Please read through the medical questions carefully before the examination. If you have time, please try out the co-ordination tests in advance. The medical examination is structured to provide the maximum information while leaving you free to conduct the clinical examination in any way you find optimal. Tests such as distant and near vision and measurements of height, weight and head circumference appear early in Section B of the medical examination form, in case it proves more expedient to carry these out just prior to the actual clinical examination. Please undertake the necessary measurements, however, in the order which best suits the facilities available to you and anyone helping you with the examination. You are asked to summarise your findings at the end of the examination, and also to indicate whether the examination has brought to light any new findings.

Section C: The Audiogram

The Audiogram is on the last sheet of the examination form and is detachable. It is presumed that this will be done by sweep audiometry though the form contains space in case pure-tone audiometry is used. You are asked to record whether the results of sweep audiometry are normal or abnormal. If sweep results are abnormal, please arrange to let us have details of pure-tone audiometry.

FILLING IN THE EXAMINATION FORM

Questions are usually answered by ticking the appropriate box alongside the correct answer. In some cases, a brief written answer in clear script or capitals may also be appropriate in a space which is indicated. An example of the correct way to fill in the form is shown below:—

Has colour vision ever been tested?

Yes ☑ [ ] If Yes, what was the outcome?
No [ ]
Not known [ ]

colour vision normal [ ]
red/green vision impaired [ ]
other colour loss [ ]

BLUE/GREEN IMPAIRMENT ☑

When filling in the form please try to ensure that an answer of some sort has been ticked for every question — even if it is only 'unable to assess'. Negative answers are as important as positive ones.

FOR ALL ANSWERS REQUIRING TEXT IT WOULD BE MOST HELPFUL IF YOU WOULD WRITE VERY CLEARLY OR ALTERNATIVELY USE BLOCK CAPITALS.
**SCHOOL HEALTH**

Please complete this section first from Records. Please then check each answer from all other available sources e.g., own knowledge, Parental Interview Form, and parent if present, and enter any further details in space marked 'extra information', state source[s], beneath each answer. See instruction booklet.

A1. Is the school medical record (Form 10M or equivalent) available?

- Yes  MEA1
- No  

A2. Are any other child health records available to you?

- Yes  MEA2.1
- No  
- If Yes, please specify  MEA2.2
- MEA2.3
- MEA2.4
- MEA2.5
- MEA2.6
- MEA2.7

A3. Has this child ever had a school medical examination?

- Yes (see section [11A3.1])
- No
- If Yes, give ages when examination(s) were done  MEA3.2
- MEA3.7
- If No, did the child have a pre-school medical examination in the 12 months before entering school?
- Yes  MEA3.8
- No  
- Not known  

Extra information, state source[s]  MEA3.9

If abnormal findings recorded, please enter in question A7.

A4. Please indicate age(s) at which screening tests had been carried out since 4th birthday?

<table>
<thead>
<tr>
<th>Test type</th>
<th>At age 4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>But age not known if test not carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Auditory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Test for distant vision</td>
<td>MEA4.10</td>
<td>4.11</td>
<td>4.12</td>
<td>4.13</td>
<td>4.14</td>
<td>4.15</td>
<td>4.16</td>
</tr>
<tr>
<td>(c) Test for near vision</td>
<td>MEA4.11</td>
<td>4.20</td>
<td>4.21</td>
<td>4.22</td>
<td>4.23</td>
<td>4.24</td>
<td>4.25</td>
</tr>
<tr>
<td>(d) Other screening test(s)</td>
<td>MEA4.28</td>
<td>4.29</td>
<td>4.30</td>
<td>4.31</td>
<td>4.32</td>
<td>4.33</td>
<td>4.34</td>
</tr>
</tbody>
</table>

If any other screening test(s) carried out since 4th birthday, please describe and give age(s).

- MEA4.37
- MEA4.38
- MEA4.39

Extra information, state source[s]  MEA4.40

If abnormal findings recorded, please enter in question A7.

A5. Has colour vision ever been tested?

- Yes  MEA5.1
- No  
- Not known  
- If Yes, what was the outcome?
- Colour vision normal  MEA5.2
- Red/green vision impaired  MEA5.3
- Other colour loss  MEA5.4
- Please describe  MEA5.5
- MEA5.6
A6. Is there any evidence that the child has ever had any emotional or behavioural problem?
Complete first from records. Then enter details from other sources in space marked 'extra information'.

Yes [ ] MEA6.1.[ ] If Yes, please describe and give age(s)...
No [ ] MEA6.2.[ ]
Not known [ ] MEA6.3.[ ]

Extra information, state source(s) MEA6.4.

A7. Is there any evidence that this child has now or has had in the past any significant illness, developmental problem, defect or handicap?
Complete first from records. Then enter details from other sources in space marked 'extra information'.

Yes [ ] MEA7.1.[ ] If Yes, please list conditions in chronological order of appearance on records starting with earliest illness, developmental problem or handicap diagnosed. Age first recorded

1. MEA7.3.[ ] MEA7.3A.[ ] MEA7.3B.[ ] MEA7.4.
2. MEA7.5.[ ] MEA7.6.[ ] MEA7.7.
3. MEA7.8.[ ] MEA7.9.[ ] MEA7.9A.[ ] MEA7.9B.[ ] MEA7.10.
5. MEA7.14.[ ] MEA7.15A.[ ] MEA7.15B.[ ] MEA7.16.

Extra information, state source(s) MEA7.20.

A8. If child has any disability or handicap or is receiving special education, please summarise the major findings, clinical progress and present state. From records and all other sources.

MEA8.1.
MEA8.2.
MEA8.3.
MEA8.4.

Please continue on page 18 if necessary.

A9. Is there any evidence that this child has ever attended any of the following?
Complete first from records. Then enter details from other sources in space marked 'extra information'.

(a) Hearing clinic or consultant audiologist [ ] [ ] MEA9.1.[ ]
(b) Eye clinic or consultant ophthalmologist [ ] [ ] MEA9.2.[ ]
(c) Speech therapist [ ] [ ] MEA9.3.[ ]
(d) Occupational therapist [ ] [ ] MEA9.4.[ ]
(e) Physiotherapist [ ] [ ] MEA9.5.[ ]
(f) Child and Family Guidance Service [ ] [ ] MEA9.6.[ ]
(g) Other psychological or psychiatric opinion or treatment [ ] [ ] MEA9.7.[ ]

Extra information, state source(s) MEA9.8.
A10. Is there any evidence that this child has ever been placed on an observation or other register?
   Yes, on register now .............................................. MEA10.1
   Yes, on register in past, but not now .............................................. MEA10.2
   Never on register .............................................. MEA10.3
   Not known if on register .............................................. MEA10.4
   If Yes, please give
   Name of register .............................................. MEA10.5, MEA10.6, MEA10.7
   Reason(s) for inclusion .............................................. MEA10.8, MEA10.9
   Date put on register .............................................. MEA10.10
   Date removed from register .............................................. MEA10.11

A11. Has a decision been reached by a Local Education Authority that the child is in need of special education?
   No, and not likely to be required .............................................. MEA11.1
   No, but likely to be required .............................................. MEA11.2
   No, but decision pending .............................................. MEA11.3
   Yes, waiting for a place .............................................. MEA11.4
   Yes, receiving special education .............................................. MEA11.5
   Yes, received special education in past, but no longer .............................................. MEA11.6
   Not known .............................................. MEA11.7

A12. If the child has ever received special education or a decision is pending, please specify categories of treatment, according to the form that was actually used e.g. 4HP, SE2 or equivalents in Scotland.

<table>
<thead>
<tr>
<th>FORM 4HP (or equivalent)</th>
<th>Tick all that apply</th>
<th>FORM SE2 (Form SE3 Scotland)</th>
<th>Tick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEA12.1 Partially sighted</td>
<td></td>
<td>Vision mea12.1</td>
<td></td>
</tr>
<tr>
<td>MEA12.2 Deaf</td>
<td></td>
<td>Hearing mea12.13</td>
<td></td>
</tr>
<tr>
<td>MEA12.3 Partially hearing</td>
<td></td>
<td>Speech and language mea12.14</td>
<td></td>
</tr>
<tr>
<td>MEA12.4 Mentally handicapped (Scot)</td>
<td></td>
<td>Motor function mea12.15</td>
<td></td>
</tr>
<tr>
<td>MEA12.5 ESN (M) (Eng. and Wales)</td>
<td></td>
<td>Physical health mea12.16</td>
<td></td>
</tr>
<tr>
<td>MEA12.6 ESN (S) (Eng. and Wales)</td>
<td></td>
<td>Behaviour/emotional development mea12.17</td>
<td></td>
</tr>
<tr>
<td>MEA12.7 Epileptic</td>
<td></td>
<td>Intellectual development mea12.18</td>
<td></td>
</tr>
<tr>
<td>MEA12.8 Physically handicapped</td>
<td></td>
<td>Ability to care for self mea12.19</td>
<td></td>
</tr>
<tr>
<td>MEA12.9 Speech defect</td>
<td></td>
<td>FORM USED OTHER THAN 4HP, SE2 OR SE1, MEA12.20</td>
<td></td>
</tr>
<tr>
<td>MEA12.10 Maladjusted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEA12.11 Delicate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A13. Where does the child live and what type of school does he/she attend?
   MEA13.1
   At home and attends ordinary school .............................................. MEA13.2
   At home and attends special unit attached to ordinary school .............................................. MEA13.2
   At home and attends day special school .............................................. MEA13.2
   In a residential special school .............................................. MEA13.2
   In a hostel and attends day special school .............................................. MEA13.2
   In a hospital for the subnormal .............................................. MEA13.2
   In any other situation .............................................. MEA13.2
   Please specify .............................................. MEA13.2

   If attends other than ordinary school, please give name, address and designation of school: .............................................. MEA13.2

A14. Were any child health records missing when this section was filled in?
   Yes .............................................. MEA14.1
   No .............................................. MEA14.2
   If Yes, please list .............................................. MEA14.3, MEA14.4, MEA14.5
THE MEDICAL EXAMINATION

B1. Where is the Medical Examination taking place? MEB1.1

- School
- Child's home
- Child health clinic
- Health centre
- Other place
- Please specify MEB1.2

B2. Who is accompanying the child at the Medical Examination?

- Tick all that apply
  - Mother MEB2.1
  - Father MEB2.2
  - Other relative MEB2.3
  - Teacher MEB2.4
  - Other person MEB2.5
  - Unaccompanied MEB2.6

B3. Is a completed Parental Interview Form containing the medical history available to the medical examiner?

- Yes MEB3
- No

B4. Has this child ever had any of the following conditions?

If parents not present, please complete as much as possible from Parental Interview Form, records and other sources.

- Tick all that apply in each row

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes, past 12 months</th>
<th>Yes, past 12 months</th>
<th>Yes, previous 12 months</th>
<th>No, never</th>
<th>No, information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Recurrent sore throats (3 or more in a year)</td>
<td>MEB4.1</td>
<td>MEB4.2</td>
<td>MEB4.3</td>
<td>MEB4.4</td>
<td>MEB4.5</td>
</tr>
<tr>
<td>(b) Middle ear infection/glue ear</td>
<td>MEB4.6</td>
<td>MEB4.7</td>
<td>MEB4.8</td>
<td>MEB4.9</td>
<td>4.10</td>
</tr>
<tr>
<td>(c) Any hearing loss, perceptive or conductive</td>
<td>MEB4.11</td>
<td>MEB4.12</td>
<td>MEB4.13</td>
<td>MEB4.14</td>
<td>4.15</td>
</tr>
<tr>
<td>(d) Eczema</td>
<td>MEB4.16</td>
<td>MEB4.17</td>
<td>MEB4.18</td>
<td>MEB4.19</td>
<td>4.20</td>
</tr>
<tr>
<td>(e) Hay fever</td>
<td>MEB4.21</td>
<td>MEB4.22</td>
<td>MEB4.23</td>
<td>MEB4.24</td>
<td>4.25</td>
</tr>
<tr>
<td>(f) Asthma</td>
<td>MEB4.26</td>
<td>MEB4.27</td>
<td>MEB4.28</td>
<td>MEB4.29</td>
<td>4.30</td>
</tr>
<tr>
<td>(g) Wheezy bronchitis</td>
<td>MCB4.31</td>
<td>MCB4.32</td>
<td>MCB4.33</td>
<td>MCB4.34</td>
<td>4.25</td>
</tr>
<tr>
<td>(h) Bronchitis</td>
<td>MEB4.36</td>
<td>MEB4.37</td>
<td>MEB4.38</td>
<td>MEB4.39</td>
<td>4.40</td>
</tr>
<tr>
<td>(i) Pneumonia</td>
<td>MEB4.41</td>
<td>MEB4.42</td>
<td>MEB4.43</td>
<td>MEB4.44</td>
<td>4.45</td>
</tr>
<tr>
<td>(j) Pathological heart condition</td>
<td>MEB4.46</td>
<td>MCB4.47</td>
<td>MCB4.48</td>
<td>MCB4.49</td>
<td>4.50</td>
</tr>
<tr>
<td>(k) Recurrent abdominal pain</td>
<td>MEB4.51</td>
<td>MEB4.52</td>
<td>MEB4.53</td>
<td>MEB4.54</td>
<td>4.55</td>
</tr>
<tr>
<td>(l) Inguinal hernia</td>
<td>MEB4.56</td>
<td>MEB4.57</td>
<td>MEB4.58</td>
<td>MEB4.59</td>
<td>4.60</td>
</tr>
<tr>
<td>(m) Urinary infection</td>
<td>MCB4.61</td>
<td>MCB4.62</td>
<td>MCB4.63</td>
<td>MCB4.64</td>
<td>4.65</td>
</tr>
<tr>
<td>(n) Wet bed more than occasionally since 5 years of age</td>
<td>MEB4.66</td>
<td>MEB4.67</td>
<td>MEB4.68</td>
<td>MEB4.69</td>
<td>4.70</td>
</tr>
<tr>
<td>(o) Wet pants in day-time more than occasionally since 5 years of age</td>
<td>MEB4.71</td>
<td>MEB4.72</td>
<td>MEB4.73</td>
<td>MEB4.74</td>
<td>4.75</td>
</tr>
<tr>
<td>(p) Soiled pants at any time since 5 years of age</td>
<td>MEB4.76</td>
<td>MEB4.77</td>
<td>MEB4.78</td>
<td>MEB4.79</td>
<td>4.80</td>
</tr>
<tr>
<td>(q) Mental or educational retardation</td>
<td>MEB4.81</td>
<td>MEB4.82</td>
<td>MEB4.83</td>
<td>MEB4.84</td>
<td>4.85</td>
</tr>
<tr>
<td>Please specify</td>
<td>MEB4.86</td>
<td>MEB4.87</td>
<td>MEB4.88</td>
<td>MEB4.89</td>
<td>4.90</td>
</tr>
<tr>
<td>(r) Any other significant illness or disability</td>
<td>MEB4.91</td>
<td>MEB4.92</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**INITIAL PULSE RATE**

B5. Before starting the Medical Examination, please settle the child for 2 minutes and take the pulse (over 1 minute) whilst the child is sitting. 

<table>
<thead>
<tr>
<th>Pulse rate</th>
<th>beats in 1 minute</th>
</tr>
</thead>
</table>

**VISION**

B6. Have glasses or contact lenses been prescribed for use now (rather than in past only)?

- Yes, glasses \[ \text{MEB6.1} \]
- Yes, contact lenses \[ \text{MEB6.2} \]
- No, neither \[ \text{MEB6.3} \]
- Not known \[ \text{MEB6.4} \]

If Yes, are they available for these vision tests?

- Yes \[ \text{MEB6.5} \]
- No \[ \text{MEB6.6} \]

**B7. Distant Vision Test**

Test at exactly 20 feet with a standard Snellen chart of block capitals. Hang chart in good light level with child's eyes and free from glare. If Snellen chart not available or inappropriate, use Stycar or other suitable test and note below.

Please occlude the other eye efficiently without pressure on the eyeball. If the child cannot read, ask him/her to "draw the letters in the air".

(a) Please indicate which chart has been used.

- Snellen \[ \text{MEB7.1} \]
- Stycar \[ \text{MEB7.2} \]
- Sheridan-Gardiner \[ \text{MEB7.3} \]
- Keystone \[ \text{MEB7.4} \]
- Other \[ \text{MEB7.5} \]

(b) Test all children

<table>
<thead>
<tr>
<th>6/6</th>
<th>6/9</th>
<th>6/12</th>
<th>6/18</th>
<th>6/24</th>
<th>6/36</th>
<th>6/60</th>
<th>Worse than 6/60</th>
<th>Unable to test</th>
<th>Give reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Right eye \[ \text{MEB7.7} \]
- Left eye \[ \text{MEB7.8} \]

(c) Retest only children who wear glasses/contact lenses. Otherwise leave blank.

<table>
<thead>
<tr>
<th>6/6</th>
<th>6/9</th>
<th>6/12</th>
<th>6/18</th>
<th>6/24</th>
<th>6/36</th>
<th>6/60</th>
<th>Worse than 6/60</th>
<th>Unable to test</th>
<th>Give reason</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

- Right eye \[ \text{MEB7.9} \]
- Left eye \[ \text{MEB7.10} \]
**R8 Near Vision Test**

A Sheridan-Gardiner near-vision chart is provided in the instruction booklet. The child should hold it in a good light at a distance of approximately 10 inches away from the eyes. Please occlude the other eye efficiently without pressure on the eyeball. If the child cannot read, ask him/her to 'draw the letters in the air'.

(a) Test all children

<table>
<thead>
<tr>
<th></th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>18</th>
<th>24</th>
<th>36</th>
<th>60</th>
<th>Worse than 60</th>
<th>Unable to test</th>
<th>Give reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ME88.1

ME88.3

ME88.1

ME88.3

(b) Retest only children who wear glasses/contact lenses. Otherwise leave blank.

<table>
<thead>
<tr>
<th></th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>18</th>
<th>24</th>
<th>36</th>
<th>60</th>
<th>Worse than 60</th>
<th>Unable to test</th>
<th>Give reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ME88.5

ME88.7

ME88.5

ME88.7

B9. Is there any evidence of a squint?

Test by bringing your vertically pointing index finger up to the child from 6 feet away to 6 inches.

No ............ ME89

Yes, alternating eyes .............

Yes, right eye ..................

Yes, left eye ..................

Not certain ...............

B10. Is there any evidence of any abnormal condition affecting eye(s) or eyesight? e.g. cataract, coloboma, corneal opacity, myasthenia, hypermetropia, myopia, astigmatism, etc. Omit squint:

Yes ME810.1 [ ] If Yes, please give diagnosis ................. ME810.2

No .......... ME810.3

B11. In the light of your examination and the records you have seen, would you consider that there is any current visual defect which could result in interference with normal schooling or everyday functioning?

ME11.1

No visual defect ........................................

Visual defect—but no interference ..................

manages school books with difficulty ........

requires special school books/visual aids ....

vision insufficient for special books ........

Unable to assess ...................................... ME11.2

please give reason .................. ME11.3

Not examined ........................................
HEARING

B12. In the light of your clinical examination and the records you have seen, do you consider that there is evidence of any current hearing loss?

<table>
<thead>
<tr>
<th>Unilateral</th>
<th>Bilateral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, minimal</td>
<td>MEB12.1</td>
</tr>
<tr>
<td>Yes, moderate</td>
<td>MEB12.3</td>
</tr>
<tr>
<td>Yes, marked</td>
<td>MEB12.5</td>
</tr>
<tr>
<td>No</td>
<td>MEB12.7</td>
</tr>
<tr>
<td>Uncertain</td>
<td>MEB12.9</td>
</tr>
<tr>
<td>Not known</td>
<td>MEB12.11</td>
</tr>
</tbody>
</table>

If Yes, i.e., unilateral or bilateral loss
(a) what is the probable cause?

- MEB12.13...
- MEB12.14...

(b) do you consider that the hearing loss will interfere with normal schooling or everyday functioning?

- Yes, severely MEB12.15...
- Yes, somewhat...
- No...
- Unable to assess...

(c) does the child wear a hearing aid?

- Yes MEB12.16...
- No...

B13. Are the child's survey audiogram results available to you to make the above assessment of hearing?

- MEB13
- Yes...
- No...

SPEECH

B14. Please carry out the following speech test. Speak to the child face to face at a distance of about 3 feet. Explain that you would like the child to repeat after you the sentences and words. Please read out each of the 9 sentences printed below. This is not a test of memory. The sentences may be broken into sections and repeated if the child forgets some of the words.

**SPEECH TEST**

Underline any mispronounced words and fill in the total number of mispronounced words at the end of each sentence. Put 0 in box if no words are mispronounced. If the child refuses to respond to a particular sentence, write NT in that box.

| MEB14.1 | The shop has run out of strawberry flavoured ice cream...
| MEB14.2 | Stephen does not understand what the fuss is about...
| MEB14.3 | Gordon left his glasses on the chair...
| MEB14.4 | Perhaps Janet could fetch both of them...
| MEB14.5 | Carol screamed when she saw the spider on the couch...
| MEB14.6 | Please spread the jam thickly on the bread...
| MEB14.7 | They usually do their weekend shopping at the supermarket...
| MEB14.8 | My father works at our local television station...
| MEB14.9 | I don't remember exactly where my teacher lives...

Enter number of mispronounced words

Underline all mispronounced words

If unable to test child, please give reason(s) below

MEB14.10...

B15. How intelligible have you found the child's speech?

- MEB15.1 Fully intelligible...
- MEB15.2 Almost all words are intelligible...
- MEB15.3 Many words unintelligible...
- MEB15.4 All, or nearly all, words unintelligible...
- MEB15.5 Unable to assess...

please give reason
B16. Does the child stammer or stutter?  
No.  
Yes, slightly.  
Yes, moderately.  
Yes, severely.  
Not known.  

HEIGHT  
B17. Recommended technique:  
Please position the child upright against a flat wall or a door. Encourage him/her to stretch to full height, keeping heels on floor. Heels and buttocks should be flush against wall or door. Place a hardbound book on the child’s head. Mark the position of the lower edge with a pencil and then measure the height from the ground with a wood or steel measuring rod or steel tape measure. Alternatively, use measuring device on the back of a weighing machine and observe precautions as above.  
(a) Height in cm, to nearest 0.1 cm  ME617  cms.  
If centimetre measure not available, please record height in feet and inches.  
(b) Height in feet and inches, to nearest ¼ inch  
feet  inches  

HEAD CIRCUMFERENCE  
B18. Measure with a paper or plastic tape measure, fitted closely and horizontally around the head just above the eyebrows so as to obtain a maximum circumference.  
(a) Head circumference in cm, to nearest 0.1 cm  ME618  cms.  
If centimetre measure not available, please record in inches.  
(b) Head circumference in inches, to nearest ¼ inch  
inches  

WEIGHT (IN UNDERCLOTHES)  
B19. Please weigh on a beam balance, if possible. Please check that the balance is set at zero before weighing.  
(a) Weight in kilogram, to nearest 0.1 kg  ME619.1  kg.  
If kilogram scale not available, please record in stones, pounds and ounces to nearest ¼ ounce.  
(b) Weight in stones, pounds and ounces  stones  pounds  ounces  
(c) What did you use?  ME619.2  beam balance  other apparatus  
please specify ME619.3  
(d) If unable to weigh, please give reason  ME619.4  

BLOOD PRESSURE  
B20. Please postpone to later in examination if you feel child is nervous.  

Sphygmomanometer cuff must have bladder long enough to encircle the arm completely and be wide enough to cover two-thirds of the length of the upper arm. Please record below the depth of cuff used. The cuff should preferably be at least 4 inches deep.  
It is realised that you will be experienced in taking blood pressures, but we ask you to follow the instructions closely for uniformity:—  
Sit child on chair in as relaxed a state as possible. Wrap the cuff around the right upper arm, placing the rubber tubes from the bladder posteriorly, for ease of access to right antecubital fossa. Palpate the right radial pulse and inflate the cuff to about 30mm.Hg. above the disappearance of the pulse. Slowly deflate till the pulse reappears. Deflate the cuff.  
Place the stethoscope in the antecubital fossa over the brachial artery, but not in contact with any part of the cuff. Rapidly inflate the cuff to about 30mm.Hg. above the systolic pressure and then deflate at a rate of 2 – 3mm.Hg. per second.  
The appearance of faint clear tapping sounds for 2 consecutive beats should be recorded as the Systolic Pressure.  
Continue to deflate the cuff and the sounds will soften or may become swimming, then sharper sounds will reappear. With continuing deflation, there will be a sudden muffling of sounds, which will become soft and blowing. This is Korotkoff’s 4th sound and represents the Diastolic Pressure. Do not wait until the point of complete disappearance of sounds.
NOW PLEASE MAKE A GENERAL AND SYSTEMIC EXAMINATION OF THE CHILD AND ANSWER QUESTIONS B21, B22, B23, B24, B25 and B26 BASED ON YOUR FINDINGS.

B21. Please state whether or not any abnormal condition has been found in any of the following systems in the child.

Please record all abnormal clinical findings.

<table>
<thead>
<tr>
<th>Please put a tick on each line</th>
<th>No abnormal condition</th>
<th>Abnormal condition present</th>
<th>Please describe and give diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Facial and general appearance</td>
<td>[MEB21.1]</td>
<td>[MEB21.2]</td>
<td>[MEB21.3]</td>
</tr>
<tr>
<td>(b) Skin condition</td>
<td>[MEB21.4]</td>
<td>[MEB21.5]</td>
<td>[MEB21.6]</td>
</tr>
<tr>
<td>(c) Ear, nose or throat condition</td>
<td>[MEB21.7]</td>
<td>[MEB21.8]</td>
<td>[MEB21.9]</td>
</tr>
<tr>
<td>(d) Upper respiratory condition</td>
<td>[MEB21.10]</td>
<td>[MEB21.11]</td>
<td>[MEB21.12]</td>
</tr>
<tr>
<td>(e) Lower respiratory condition</td>
<td>[MEB21.13]</td>
<td>[MEB21.14]</td>
<td>[MEB21.15]</td>
</tr>
<tr>
<td>(f) Cardiovascular condition</td>
<td>[MEB21.16]</td>
<td>[MEB21.17]</td>
<td>[MEB21.18]</td>
</tr>
<tr>
<td>(g) Gastrointestinal condition</td>
<td>[MEB21.19]</td>
<td>[MEB21.20]</td>
<td>[MEB21.21]</td>
</tr>
<tr>
<td>(h) Other abdominal condition</td>
<td>[MEB21.22]</td>
<td>[MEB21.23]</td>
<td>[MEB21.24]</td>
</tr>
<tr>
<td>(i) Urogenital tract condition</td>
<td>[MEB21.25]</td>
<td>[MEB21.26]</td>
<td>[MEB21.27]</td>
</tr>
<tr>
<td>(j) Neurological condition</td>
<td>[MEB21.28]</td>
<td>[MEB21.29]</td>
<td>[MEB21.30]</td>
</tr>
<tr>
<td>(k) Musculo-skeletal condition</td>
<td>[MEB21.31]</td>
<td>[MEB21.32]</td>
<td>[MEB21.33]</td>
</tr>
<tr>
<td>(l) Endocrine condition</td>
<td>[MEB21.34]</td>
<td>[MEB21.35]</td>
<td>[MEB21.36]</td>
</tr>
<tr>
<td>(m) Blood or lymphatic condition</td>
<td>[MEB21.37]</td>
<td>[MEB21.38]</td>
<td>[MEB21.39]</td>
</tr>
<tr>
<td>(n) Mental handicap</td>
<td>[MEB21.40]</td>
<td>[MEB21.41]</td>
<td>[MEB21.42]</td>
</tr>
<tr>
<td>(o) Behavioural or emotional problems</td>
<td>[MEB21.43]</td>
<td>[MEB21.44]</td>
<td>[MEB21.45]</td>
</tr>
<tr>
<td>(p) Other abnormal condition(s) or syndrome(s)</td>
<td>[MEB21.46]</td>
<td>[MEB21.47]</td>
<td>[MEB21.48]</td>
</tr>
</tbody>
</table>
B22. Did your examination reveal any of the following?

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>If Yes, please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any evidence of puberty*</td>
<td></td>
<td></td>
<td>MEB22.1, MEB22.2</td>
</tr>
<tr>
<td>Any surgical or operative scar(s)</td>
<td></td>
<td></td>
<td>MEB22.3, MEB22.4, MEB22.5, MEB22.6, MEB22.8</td>
</tr>
<tr>
<td>Any scar(s) due to injury, burns, etc</td>
<td></td>
<td></td>
<td>MEB22.9, MEB22.10, MEB22.11, MEB22.12, MEB22.13</td>
</tr>
<tr>
<td>Any pathological heart murmur</td>
<td></td>
<td></td>
<td>MEB22.14, MEB22.15</td>
</tr>
<tr>
<td>Undescended/ectopic testis</td>
<td></td>
<td></td>
<td>MEB22.16</td>
</tr>
<tr>
<td>Any other pathology of note not already stated in question R71</td>
<td></td>
<td></td>
<td>MEB22.18</td>
</tr>
</tbody>
</table>

*axillary hair, pubic hair, mammary enlargement, menarche

B23. Has the child any disfiguring condition? e.g. abnormal face, large protuberant ear, obvious scars or any other major deviation from normal which is visible or becomes apparent on undressing or on movement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes MEB23.1</th>
<th>If Yes, please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>MEB23.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEB23.3</td>
</tr>
</tbody>
</table>

B24. Is there any evidence that this child has any past or present congenital abnormality? Include both major and minor abnormalities.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes MEB24.1</th>
<th>If Yes, please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>MEB24.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEB24.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEB24.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEB24.5</td>
</tr>
</tbody>
</table>

B25. Please examine the creases on the palms of the child's hands and mark the box beneath the diagram most closely corresponding to the child's palm pattern. See instruction booklet.

**Left Palm**

![Diagram of left palm creases]

Tick one box only

- [ ] MEB25.1
- [ ] MEB25.2
- [ ] MEB25.3
- [ ] MEB25.4

**Right Palm**

![Diagram of right palm creases]

Tick one box only

- [ ] MEB25.1
- [ ] MEB25.2
- [ ] MEB25.3
- [ ] MEB25.4

Comments, if any... MEB25.2
B26. On clinical impression, which of the following terms do you consider to be the most accurate description of the child?

Grossly obese
Moderately obese
Normal build
Thin
Very thin
Not examined

B27. LATERALITY Please answer all 5 sections of this question.

(a) Hand. Stand directly in front of the child. Place a ball midway between the child's feet and 12 inches in front of child. Ask child to pick up and hand you the ball and note which hand is used. Then repeat test once.

<table>
<thead>
<tr>
<th>Hand</th>
<th>First occasion</th>
<th>Second occasion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>MEB27.1</td>
<td>MEB27.2</td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to test</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Hand. Ask the child to mime combing hair and note which hand is used.

<table>
<thead>
<tr>
<th>Hand</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>MEB27.3</td>
</tr>
<tr>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>Both hands</td>
<td></td>
</tr>
<tr>
<td>Unable to test</td>
<td></td>
</tr>
</tbody>
</table>

(c) Hand and foot. Ask the child which hand is used for writing; then ask which foot is used for kicking a ball.

<table>
<thead>
<tr>
<th>Hand used</th>
<th>Foot used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>MEB27.4</td>
</tr>
<tr>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>Either</td>
<td></td>
</tr>
<tr>
<td>Cannot do</td>
<td></td>
</tr>
</tbody>
</table>

(d) Foot. Put a coin on the floor some distance away from the child. Ask him/her to walk over and stamp on the coin.

<table>
<thead>
<tr>
<th>Foot used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
</tr>
<tr>
<td>Left</td>
</tr>
<tr>
<td>Both feet</td>
</tr>
<tr>
<td>Unable to test</td>
</tr>
</tbody>
</table>

(e) Eye. Roll a sheet of paper to form a tube. Stand directly in front of the child holding the tube with both hands directly in front of you. Say "Let's pretend this is a telescope. Can you show me what you do with a telescope?" or a similar phrase.

Note which hand was used to lift the tube to which eye.

<table>
<thead>
<tr>
<th>Hand</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>MEB27.7</td>
</tr>
<tr>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>Both hands</td>
<td></td>
</tr>
<tr>
<td>Unable to test</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eye</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>MEB27.8</td>
</tr>
<tr>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>Other response</td>
<td></td>
</tr>
<tr>
<td>please specify</td>
<td>MEB27.9</td>
</tr>
</tbody>
</table>
MOTOR CO-ORDINATION TESTS
The following five tests will indicate the clumsy or inco-ordinate child so far as this is possible on clinical examination. Such tests are non-specific and difficult to validate, but will be used in conjunction with other findings and the opinions of teachers and parents, recorded elsewhere. The results will inevitably be influenced by the effects of children's skill and experience. At the end of the tests the examiner is asked to give a considered opinion as to the degree of clumsiness or inco-ordination.

Please test all children except either those who are grossly handicapped or those who are incapable of understanding the test(s). In these instances, please enter the reason after question B32.

B28. THROWING A BALL IN THE AIR
You will need a tennis ball, or a rubber ball of equivalent size and weight.

The important point about this test is to discover the child's optimum performance. We would therefore be grateful if you would carry out the test in the following way:

Ask the child to stand in a space so that he/she has room to move. Say 'I want you to show me if you can throw the ball up in the air and catch it'. Allow two or three initial attempts. If the child fails to catch the ball, record the fact and do not proceed with the test.

If the child can catch the ball, say 'Now throw the ball up in the air and clap your hands together once before you catch it', praising the child if he/she both steps his/her hands and catches the ball. Then repeat the procedure increasing the number of claps until the child fails on two successive attempts. Record the greatest number of claps resulting in a successful catch.

If the greatest number of claps was 2 or more, ask him/her to repeat the test, catching with one hand only. Let the child use preferred hand.

RECORD:

Tick correct answer

Initial throw(s): could not catch ball ........ ME828.1 .................." 
caught ball ........................................... ME828. 2

If caught ball successfully, please continue with test and record the maximum number of claps before catching with two hands . . ME828.3 
claps

If caught ball after at least 2 claps, please continue test catching the ball with the preferred hand, and record the maximum number of claps before catching with preferred hand .... ME828.4 
claps

B29. SORTING MATCHES:
You will need one match box drawer containing 20 matches, one empty match box drawer and a stopwatch or watch with second hand.

Sit the child at a table with the two match boxes at a comfortable distance in front of him/her and 12 inches apart.

Ask the child to take the matches one at a time from the full drawer and transfer them to the empty drawer. One hand only to be used — the other hand may be used to steady either box.

Say 'Here is a box of matches. I want you to pick up the matches one at a time from the box and place them in the other box like this. Do it as quickly as you can'.

Time how long it takes for the child to transfer the matches from one box to the other. Repeat the test with the other hand.

RECORD:

Time taken by right hand ........ ME829.1 seconds
Time taken by left hand .......... ME829.2 seconds

B30. FIGURE DRAWING ON PALM OF HAND: (GRAPhesthesia)

You will need a blunt point, for example a broom tip retracted.

Ask the child to place both his/her hands on a table, palms uppermost. Using the blunt point, firmly describe a figure 8 on the child's right palm. Take two seconds to draw it, and allow the child to watch. Ask him/her what you have drawn. Now draw a figure 9 on the left palm and again ask him/her what you have drawn.

Now place the child the 4 figures depicted in the instruction booklet, and ask the child to name each one. In case instruction booklet is not available the 4 figures are reproduced above.

Ask child to close his/her eyes. Draw the first figure indicated in the following list on the right palm and ask the child what it was. Record whether child correct, incorrect or uncertain. Continue drawing the figures on the palm indicated and record the results. Praise the child for the first correct response. Please do not repeat any part of the test.

If the child is non-verbal, ask him/her to point to the correct shape rather than name it.

□ X O 3
### B31. STANDING ON ONE LEG: (30 SECONDS)

Please make sure the child has no shoes on.

Ask the child to stand on his/her right leg with the left foot against the knee of the right leg, hands on hips. Give him/her a moment to settle, then tell the child to try to keep the position for 30 seconds.

Watch the position of hands and feet and record how soon the hands move from the hips or the feet move. Repeat the test with child standing on the left leg and time in same way.

(a) Standing on Right leg for 30 seconds

Did foot/feet move before 30 seconds?  
**MEB31.2**

Did hand(s) move before 30 seconds?  
**MEB31.4**

(b) Standing on Left leg for 30 seconds

Did foot/feet move before 30 seconds?  
**MEB31.5**

Did hand(s) move before 30 seconds?  
**MEB31.7**

Comments, if any  
**MEB31.9**

### B32. WALKING BACKWARDS (20 STEPS)

Please make sure child has no shoes on.

Find a straight line on the floor at least 4 metres long, e.g. the edge of a floorboard, or mark one out with chalk. Use a corridor if the examination room is not long enough.

Ask the child to put his/her hands on hips and then to walk backwards along the line, placing one foot behind the other 'toe-to-heel'.

The examiner should first demonstrate the test, saying 'I want you to walk like this. Remember your toes must touch your heel with each step you take. Keep your hands on your hips. Walk backwards in a straight line. You may glance behind you if it helps'.

Let the child have two practices by asking him/her to walk backwards for 5 steps on each occasion.

Then ask the child to walk backwards for 20 steps. Count the number of steps the child makes before making an error. An error occurs if he/she ceases to maintain toe-to-heel or deviates from the line or moves either hand from hips. If the child makes an error in the first 5 steps, continue to count the number of steps until the next error.

**RECORD:** Number of consecutive steps taken before error (or between an error in the first 5 steps and the next error).  
**MEB32.1**

Comments, if any  
**MEB32.3**

If some or all the motor co-ordination tests have been omitted, please enter reason below.  
**MEB32.3**
B33. From your observations, which of the following phrases do you consider best describes the child?

- Normal limb co-ordination
- Questionably clumsy
- Mildly clumsy
- Moderately clumsy
- Markedly clumsy
- Unable to assess

Comments

B34. PULSE RATE AT END OF EXAMINATION:

Would you please settle the child and after at least 2 minutes take the child's pulse rate again for at least 60 seconds, with the child sitting.

Pulse rate at end of examination

Please thank child and ensure before the child leaves that all measurements and tests have been carried out.

B35. Have you found any evidence, by examination or from history, that this child has any health or educational problem, defect or handicap?

Yes [MEB35.1] [ ] If Yes, please list each condition below and assess the effect, if any, on the child's home or school progress.

No [ ]

<table>
<thead>
<tr>
<th>Nature of problem/defect/handicap</th>
<th>Condition present but no real disability</th>
<th>Condition resulting in slight disability</th>
<th>Condition resulting in marked disability</th>
<th>Past condition but no longer producing symptoms</th>
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</thead>
<tbody>
<tr>
<td>1 MEB35.2* MEB35.3*</td>
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<tr>
<td>2 MEB35.5A* MEB35.5B*</td>
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<tr>
<td>3 MEB35.8* MEB35.9*</td>
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<tr>
<td>4 MEB35.11A* MEB35.11B*</td>
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<td>5 MEB35.14* MEB35.15*</td>
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<tr>
<td>6 MEB35.17A* MEB35.17B*</td>
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Further comments

[MEB35.20]
B36. Has your medical examination and scrutiny of the child's documents revealed the presence of any abnormal condition(s) or symptom(s), not previously diagnosed or already under observation? Please include, if appropriate, condition(s) from B35 or elsewhere.

Yes  MEB36.1  
No  MEB36.2  
Insufficient information  MEB36.3

(a)  MEB36.4  MEB36.5
(b)  MEB36.6  MEB36.7
(c)  MEB36.8  MEB36.9

B37. Do you consider that this child has any condition(s) requiring ongoing medical observation or treatment for any reason? Please include, if appropriate, condition(s) from B35 or elsewhere.

Yes, condition(s) present for which child is already receiving observation or treatment  MEB37.1
Yes, condition(s) present for which child is not receiving observation or treatment  MEB37.2
Insufficient information  MEB37.3

If yes, please state condition(s) and give your recommendation(s) regarding necessary ongoing observation(s) or treatment for each condition.

(i)  MEB37.4  MEB37.5
(ii)  MEB37.6  MEB37.7
(iii)  MEB37.8  MEB37.9
(iv)  MEB37.10  MEB37.11
ENTER IN THIS SPACE DETAILS OF CLINICAL PROGRESS AND MAJOR FINDINGS ON ANY DEAF, DISABILITY OR HANDICAPPING CONDITION(S)
See question A8: please also append here or send to us any available copies of relevant child health reports and/or special educational documents relating to such condition(s).

PLEASE ADD TO ANY QUESTIONS WHERE THERE WAS INEFFECTIVE SPACE ON THIS FORM.

SPACE FOR ANY COMMENTS BY SCM (CHILD HEALTH) OR OTHER STUDY CO-ORDINATOR.
Please include here any details from missing or centrally-held child health records.

Before signing the form would you please check that ALL QUESTIONS have been answered and suitably recorded.

Signature of Medical Officer: ___________________________ Date: ___________________________

THANK YOU VERY MUCH FOR YOUR HELP.
# AUDIOGRAM

**Child’s Surname** .............................................. **Sex:** M [ ]  F [ ]

**Child’s Forename(s)** ...................................... **Date of birth:** 4/4/70

**Child’s Home Address** ......................................

Please check the child’s hearing by using either sweep audiometry or pure-tone audiometry, and record the results below.

(a) **SWEEP AUDIOMETRY**  
*Please tick one box in each row*

- **Right ear** 10 kHz
  - Normal: [ ]
  - Abnormal: [ ]
  - *Could not be tested* [ ]
  - Give reason: 

- **Left ear** 10 kHz
  - Normal: [ ]
  - Abnormal: [ ]
  - *Could not be tested* [ ]
  - Give reason: 

If you are satisfied that the child has abnormal, or possibly abnormal, hearing please undertake pure-tone audiometry and record the results below.

(b) **PURE-TONE AUDIOMETRY**  
It carried out, please record results below, for air conduction and bone conduction.

**RIGHT EAR**

<table>
<thead>
<tr>
<th>Frequency (dB)</th>
<th>250</th>
<th>500</th>
<th>1000</th>
<th>2000</th>
<th>4000</th>
<th>8000</th>
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**LEFT EAR**

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Please complete the details below for sweep audiometry, and for pure-tone audiometry if done.

No. frequencies performed: **RCOUNT**, **LCOUNT**

- **Audiogram recorded at:**
- **Date:** 4/4/80
- **Name of recorder:**
- **Professional status:**
- **Make of audiometer:**
- **Level of sweep:**
- **Frequencies tested by sweep:**

*If it is impossible to arrange for audiometry to be carried out for this survey, please enter date and result of most recent audiogram below, whether sweep or pure-tone.

**Type of test:**

**Result:**

**Date tested:**