

CHILD HEALTH AND EDUCATION STUDY

A national study in England, Wales and Scotland of all children born 5th - 11th April 1970.
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
Bristol (0272) 24920
BS2 8BH

MEDICAL EXAMINATION FORM

STRICTLY CONFIDENTIAL

<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
---	---	---	---

PLEASE USE BLOCK CAPITALS

Child's Surname

Child's Forenames Sex: M ☐ F ☐

Child's Home Address

Health District.....

Date of Birth

		0	4	7	0
day month year					

Today's Date

--	--	--	--	--	--

Name of Examining Medical Officer CODE Status: e.g. SCMO, CMO, etc. ... *EXAMDATA/EXAMDATB/EXAMDATC* *STATUS.*

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:

<i>Height</i>	Steel/wooden measuring rod or steel tape measure. If not available, stadiometer on back of weighing machine.
<i>Weight</i>	Beam balance, or other weighing apparatus.
<i>Head Circumference</i>	Paper or plastic-covered tape measure.
<i>Distant Vision</i>	Standard Snellen Chart (or equivalent).
<i>Near Vision</i>	Near Vision card of Sheridan-Gardiner type, reproduced in instruction booklet, by kind permission of the author.
<i>Blood Pressure</i>	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.
<i>Motor Co-ordination Tests</i>	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.
<i>Audiogram</i>	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.

<i>Health Records etc.</i>	School medical record card(s); any available screening records, assessment results, hospital reports, etc.; health file on any children with handicap or disability; SE2/3 Forms or equivalent on children ascertained for special education.
<i>Completed Parental Interview Form for this child</i>	This contains medical history.

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

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, intermediately or at five years, when the health visitors of your AHA carried out an extensive review of the children'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 have been invited to attend the medical examination, though they will clearly not attend in every case. 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	<input checked="" type="checkbox"/>	If Yes, what was the outcome?	
No	<input type="checkbox"/>	colour vision normal	<input type="checkbox"/>
Not known	<input type="checkbox"/>	red/green vision impaired	<input type="checkbox"/>
		other colour loss	<input checked="" type="checkbox"/>
		please describe	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 ME4.1 ☐
No ☐

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

Yes ME2.1 ☐ If Yes, please specify ME2.2
No ☐ ME2.3
ME2.4
ME2.5
ME2.6
ME2.7

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

Complete first from records, then enter details from other sources in space marked 'extra information'.

Yes ME3.1 ☐ If Yes, give age(s) when examination(s) were done ME3.2 - ME3.7
No ☐ If No, did the child have a pre-school medical examination in the 12 months before entering school?
Not known ☐ Yes ME3.8 ☐
No ☐
Not known ☐

Extra information, state source(s) ME3.9

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?

Complete first from records, then enter details from other sources in space marked 'extra information'.

Tick all that apply in each row.	Not carried out	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	Since age 4, but age not known	Not known if test carried out
(a) Audiogram	<input type="checkbox"/> ME4.1	<input type="checkbox"/> ME4.2	<input type="checkbox"/> ME4.3	<input type="checkbox"/> ME4.4	<input type="checkbox"/> ME4.5	<input type="checkbox"/> ME4.6	<input type="checkbox"/> ME4.7	<input type="checkbox"/> ME4.8	<input type="checkbox"/> ME4.9
(b) Test for distant vision	<input type="checkbox"/> ME4.10	<input type="checkbox"/> 4.11	<input type="checkbox"/> 4.12	<input type="checkbox"/> 4.13	<input type="checkbox"/> 4.14	<input type="checkbox"/> 4.15	<input type="checkbox"/> 4.16	<input type="checkbox"/> 4.17	<input type="checkbox"/> 4.18
(c) Test for near vision	<input type="checkbox"/> ME4.19	<input type="checkbox"/> 4.20	<input type="checkbox"/> 4.21	<input type="checkbox"/> 4.22	<input type="checkbox"/> 4.23	<input type="checkbox"/> 4.24	<input type="checkbox"/> 4.25	<input type="checkbox"/> 4.26	<input type="checkbox"/> 4.27
(d) Other screening test(s)	<input type="checkbox"/> ME4.28	<input type="checkbox"/> 4.29	<input type="checkbox"/> 4.30	<input type="checkbox"/> 4.31	<input type="checkbox"/> 4.32	<input type="checkbox"/> 4.33	<input type="checkbox"/> 4.34	<input type="checkbox"/> 4.35	<input type="checkbox"/> 4.36

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

ME4.37, ME4.38, ME4.39

Extra information, state source(s) ME4.40

If abnormal findings recorded, please enter in question A7.

A5. Has colour vision ever been tested?

Yes ME5.1 ☐ If Yes, what was the outcome?
No ☐ colour vision normal ME5.2 ☐
Not known ☐ red/green vision impaired ME5.3 ☐
other colour loss ME5.4 ☐
please describe ME5.5
ME5.6

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 ME6.1 ☐ If Yes, please describe and give age(s).....
 No ☐ ME6.2A*
 Not known ☐ ME6.2B*
ME6.3*

Extra information, state source(s) ME6.4**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 ME7.1 ☐ If Yes, please list conditions in chronological
 No ☐ order of appearance on records starting with
 Insufficient information ☐ earliest illness, developmental problem or
 handicap diagnosed.

	Diagnosis	Age first recorded
1.	<u>ME7.2*</u> <u>ME7.3A*</u> <u>ME7.3B*</u>	<u>ME7.4</u>
2.	<u>ME7.5*</u> <u>ME7.6*</u>	<u>ME7.7</u>
3.	<u>ME7.8*</u> <u>ME7.9A*</u> <u>ME7.9B*</u>	<u>ME7.10</u>
4.	<u>ME7.11*</u> <u>ME7.12*</u>	<u>ME7.13</u>
5.	<u>ME7.14*</u> <u>ME7.15A*</u> <u>ME7.15B*</u>	<u>ME7.16</u>
6.	<u>ME7.17*</u> <u>ME7.18*</u>	<u>ME7.19</u>

Extra information, state source(s) ME7.20**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.**

ME8.1
ME8.2
ME8.3
ME8.4

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'.

	Yes	No	Not known	If Yes, please give reason for attendance(s) and give age(s)
(a) Hearing clinic or consultant audiologist <u>ME9.1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.2</u> <u>ME9.3- ME9.6</u>
(b) Eye clinic or consultant ophthalmologist <u>ME9.7</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.8</u> <u>ME9.9 - ME9.12</u>
(c) Speech therapist <u>ME9.13</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.14</u> <u>ME9.15 - ME9.18</u>
(d) Occupational therapist <u>ME9.19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.20</u> <u>ME9.21 - ME9.24</u>
(e) Physiotherapist <u>ME9.25</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.26</u> <u>ME9.27 - ME9.30</u>
(f) Child and Family Guidance Service <u>ME9.31</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.32</u> <u>ME9.33 - ME9.36</u>
(g) Other psychological or psychiatric opinion or treatment <u>ME9.37</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ME9.38</u> <u>ME9.39 - ME9.42</u>

Extra information, state source(s) ME9.43

A10. Is there any evidence that this child has ever been placed on an observation or other register?

Yes, on register now MEA10.1 ☐ If Yes, please give
 Yes, on register in past, but not now MEA10.2 ☐ Name of register(s) MEA10.5, MEA10.6, MEA10.7
 Never on register MEA10.3 ☐ Reason(s) for inclusion MEA10.8*, MEA10.9*
 Not known if on register MEA10.4 ☐ MEA10.10*
 Date put on register(s) MEA10.11, MEA10.12, MEA10.13
 Date removed from register(s) MEA10.14, MEA10.15, MEA10.16

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 ☐
 No, but likely to be required ☐
 No, but decision pending ☐
 Yes, waiting for a place ☐
 Yes, receiving special education ☐
 Yes, received special education in past, but no longer ☐
 Not known ☐

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.

	FORM 4HP (or equivalent)	Tick all that apply	FORM SE2 (Form SE3 Scotland)	Tick all that apply
<u>MEA12.1</u> Partially sighted	<input type="checkbox"/>		Vision <u>MEA12.12</u>	<input type="checkbox"/>
<u>MEA12.2</u> Deaf	<input type="checkbox"/>		Hearing <u>MEA12.13</u>	<input type="checkbox"/>
<u>MEA12.3</u> Partially hearing	<input type="checkbox"/>		Speech and language <u>MEA12.14</u>	<input type="checkbox"/>
<u>MEA12.4</u> Mentally handicapped (Scot)	<input type="checkbox"/>		Motor function <u>MEA12.15</u>	<input type="checkbox"/>
<u>MEA12.5</u> ESN (M) (Eng. and Wales)	<input type="checkbox"/>		Physical health <u>MEA12.16</u>	<input type="checkbox"/>
<u>MEA12.6</u> ESN (S) (Eng. and Wales)	<input type="checkbox"/>		Behaviour/emotional development <u>MEA12.17</u>	<input type="checkbox"/>
<u>MEA12.7</u> Epileptic	<input type="checkbox"/>		Intellectual development <u>MEA12.18</u>	<input type="checkbox"/>
<u>MEA12.8</u> Physically handicapped	<input type="checkbox"/>		Ability to care for self <u>MEA12.19</u>	<input type="checkbox"/>
<u>MEA12.9</u> Speech defect	<input type="checkbox"/>		FORM USED OTHER THAN	
<u>MEA12.10</u> Maladjusted	<input type="checkbox"/>		4HP, SE2 OR SE3 = <u>MEA12.20</u>	
<u>MEA12.11</u> Delicate	<input type="checkbox"/>			

A13. Where does the child live and what type of school does he/she attend? MEA13.1

At home and attends ordinary school ☐
 At home and attends special unit attached to ordinary school ☐
 At home and attends day special school ☐
 In a residential special school ☐
 In a hostel and attends day special school ☐
 In a hospital for the subnormal ☐
 In any other situation ☐

please specify

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 ☐ If Yes, please list MEA14.2, MEA14.3,
 No ☐ 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.

- | | Yes,
in past
12 months | Yes,
previous
to past
12 months | Yes,
but age
not known | No,
never | No
Infor-
mation |
|--|---|--|---|---|--|
| (a) Recurrent sore throats (3 or more in a year)..... | <input type="checkbox"/> <i>MEB4.1</i> | <input type="checkbox"/> <i>MEB4.2</i> | <input type="checkbox"/> <i>MEB4.3</i> | <input type="checkbox"/> <i>MEB4.4</i> | <input type="checkbox"/> <i>MEB4.5</i> |
| (b) Middle ear infection/glue ear | <input type="checkbox"/> <i>MEB4.6</i> | <input type="checkbox"/> <i>MEB4.7</i> | <input type="checkbox"/> <i>MEB4.8</i> | <input type="checkbox"/> <i>MEB4.9</i> | <input type="checkbox"/> <i>4.10</i> |
| (c) Any hearing loss, perceptive or conductive..... | <input type="checkbox"/> <i>MEB4.11</i> | <input type="checkbox"/> <i>MEB4.12</i> | <input type="checkbox"/> <i>MEB4.13</i> | <input type="checkbox"/> <i>MEB4.14</i> | <input type="checkbox"/> <i>4.15</i> |
| (d) Eczema..... | <input type="checkbox"/> <i>MEB4.16</i> | <input type="checkbox"/> <i>MEB4.17</i> | <input type="checkbox"/> <i>MEB4.18</i> | <input type="checkbox"/> <i>MEB4.19</i> | <input type="checkbox"/> <i>4.20</i> |
| (e) Hay fever | <input type="checkbox"/> <i>MEB4.21</i> | <input type="checkbox"/> <i>MEB4.22</i> | <input type="checkbox"/> <i>MEB4.23</i> | <input type="checkbox"/> <i>MEB4.24</i> | <input type="checkbox"/> <i>4.25</i> |
| (f) Asthma..... | <input type="checkbox"/> <i>MEB4.26</i> | <input type="checkbox"/> <i>MEB4.27</i> | <input type="checkbox"/> <i>MEB4.28</i> | <input type="checkbox"/> <i>MEB4.29</i> | <input type="checkbox"/> <i>4.30</i> |
| (g) Wheezy bronchitis | <input type="checkbox"/> <i>MEB4.31</i> | <input type="checkbox"/> <i>MEB4.32</i> | <input type="checkbox"/> <i>MEB4.33</i> | <input type="checkbox"/> <i>MEB4.34</i> | <input type="checkbox"/> <i>4.35</i> |
| (h) Bronchitis..... | <input type="checkbox"/> <i>MEB4.36</i> | <input type="checkbox"/> <i>MEB4.37</i> | <input type="checkbox"/> <i>MEB4.38</i> | <input type="checkbox"/> <i>MEB4.39</i> | <input type="checkbox"/> <i>4.40</i> |
| (i) Pneumonia..... | <input type="checkbox"/> <i>MEB4.41</i> | <input type="checkbox"/> <i>MEB4.42</i> | <input type="checkbox"/> <i>MEB4.43</i> | <input type="checkbox"/> <i>MEB4.44</i> | <input type="checkbox"/> <i>4.45</i> |
| (j) Pathological heart condition | <input type="checkbox"/> <i>MEB4.46</i> | <input type="checkbox"/> <i>MEB4.47</i> | <input type="checkbox"/> <i>MEB4.48</i> | <input type="checkbox"/> <i>MEB4.49</i> | <input type="checkbox"/> <i>4.50</i> |
| (k) Recurrent abdominal pain | <input type="checkbox"/> <i>MEB4.51</i> | <input type="checkbox"/> <i>MEB4.52</i> | <input type="checkbox"/> <i>MEB4.53</i> | <input type="checkbox"/> <i>MEB4.54</i> | <input type="checkbox"/> <i>4.55</i> |
| (l) Inguinal hernia | <input type="checkbox"/> <i>MEB4.56</i> | <input type="checkbox"/> <i>MEB4.57</i> | <input type="checkbox"/> <i>MEB4.58</i> | <input type="checkbox"/> <i>MEB4.59</i> | <input type="checkbox"/> <i>4.60</i> |
| (m) Urinary infection | <input type="checkbox"/> <i>MEB4.61</i> | <input type="checkbox"/> <i>MEB4.62</i> | <input type="checkbox"/> <i>MEB4.63</i> | <input type="checkbox"/> <i>MEB4.64</i> | <input type="checkbox"/> <i>4.65</i> |
| (n) Wet bed more than occasionally since 5 years of age..... | <input type="checkbox"/> <i>MEB4.66</i> | <input type="checkbox"/> <i>MEB4.67</i> | <input type="checkbox"/> <i>MEB4.68</i> | <input type="checkbox"/> <i>MEB4.69</i> | <input type="checkbox"/> <i>4.70</i> |
| (o) Wet pants in day-time more than occasionally since 5 years of age... | <input type="checkbox"/> <i>MEB4.71</i> | <input type="checkbox"/> <i>MEB4.72</i> | <input type="checkbox"/> <i>MEB4.73</i> | <input type="checkbox"/> <i>MEB4.74</i> | <input type="checkbox"/> <i>4.75</i> |
| (p) Soiled pants at any time since 5 years of age..... | <input type="checkbox"/> <i>MEB4.76</i> | <input type="checkbox"/> <i>MEB4.77</i> | <input type="checkbox"/> <i>MEB4.78</i> | <input type="checkbox"/> <i>MEB4.79</i> | <input type="checkbox"/> <i>4.80</i> |
| (q) Mental or educational retardation... | <input type="checkbox"/> <i>MEB4.81</i> | <input type="checkbox"/> <i>MEB4.82</i> | <input type="checkbox"/> <i>MEB4.83</i> | <input type="checkbox"/> <i>MEB4.84</i> | <input type="checkbox"/> <i>4.85</i> |
| please specify | | | | | |
| | | | | | |
| (r) Any other significant illness or disability | <input type="checkbox"/> <i>MEB4.86</i> | <input type="checkbox"/> <i>MEB4.87</i> | <input type="checkbox"/> <i>MEB4.88</i> | <input type="checkbox"/> <i>MEB4.89</i> | <input type="checkbox"/> <i>4.90</i> |
| please specify | | | | | |
| | <i>MEB4.91</i> <i>MEB4.92</i> | | | | |

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.

MEB5

Pulse rate beats in 1 minute

VISION

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

Yes, glasses ... MEB6.1 ☐ If Yes, are they available for these vision tests?
 Yes, contact lenses MEB6.2 ☐ Yes ... MEB6.5 ☐
 No, neither ... MEB6.3 ☐ No ... ☐
 Not known ... MEB6.4 ☐

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 appropriate, 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 ... MEB7.1 ☐
 Stycar ... ☐
 Sheridan-Gardiner ... ☐
 Keystone ... ☐
 Other ... ☐
 please specify ... MEB7.2

(b) Test all children

Tick one box for each eye

		6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60	Unable to test	Give reason
MEB7.3	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.4
MEB7.5	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.6

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

Tick one box for each eye

		6/6	6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60	Unable to test	Give reason
MEB7.7	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.8
MEB7.9	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB7.10

B8. 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

Tick one box for each eye

		6	9	12	18	24	36	60	Worse than 60	Unable to test	Give reason
MEB8.1	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8.2
MEB8.3	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8.4

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

Tick one box for each eye

		6	9	12	18	24	36	60	Worse than 60	Unable to test	Give reason
MEB8.5	Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8.6
MEB8.7	Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEB8.8

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 MEB9 ☐

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, nystagmus, hypermetropia, myopia, astigmatism, etc. Omit squint.

Yes MEB10.1 ☐ — If Yes, please give diagnosis
 No ☐ MEB10.2 MEB10.3

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?

MEB11.1

No visual defect ☐

Visual defect—but no interference ☐

with some interference ☐

manages school books with difficulty ☐

requires special school books/visual aids ☐

vision insufficient for special books ☐

Unable to assess ☐

please give reason MEB11.2

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?

	Uni-lateral	Bi-lateral	
Yes, minimal. MEB12.1	<input type="checkbox"/>	MEB12.2 <input type="checkbox"/>	If Yes, i.e. unilateral or bilateral loss (a) what is the probable cause? MEB12.13 MEB12.14
Yes, moderate MEB12.3	<input type="checkbox"/>	MEB12.4 <input type="checkbox"/>	
Yes, marked MEB12.5	<input type="checkbox"/>	MEB12.6 <input type="checkbox"/>	(b) do you consider that the hearing loss will interfere with normal schooling or everyday functioning? Yes, severely MEB12.15 <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Unable to assess <input type="checkbox"/>
No MEB12.7	<input type="checkbox"/>	MEB12.8 <input type="checkbox"/>	
Uncertain MEB12.9	<input type="checkbox"/>	MEB12.10 <input type="checkbox"/>	(c) does the child wear a hearing aid? Yes MEB12.16 <input type="checkbox"/> No <input type="checkbox"/>
Not known MEB12.11	<input type="checkbox"/>	MEB12.12 <input type="checkbox"/>	

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.

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

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

MEB14.10

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

Fully intelligible. MEB15.1 ☐
Almost all words are intelligible ☐
Many words unintelligible ☐
All, or nearly all, words unintelligible ☐
Unable to assess. ☐
please give reason MEB15.2

B16. Does the child stammer or stutter?

No. *MEB16* ☐
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 *MEB17* 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 *MEB18* 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 kilograms, to nearest 0.1 kg *MEB19.1* 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? *MEB19.2* beam balance ☐
other apparatus ☐
please specify *MEB19.3*

(d) If unable to weigh, please give reason. *MEB19.4*

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 swishing, 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.

(a) Systolic pressure – taken by auscultation MEB20.1 mm.

(b) Diastolic pressure – taken by auscultation MEB20.2 mm.

What depth of cuff was used? MEB20.3 cm. or inches

Did the cuff completely encircle the arm? Yes MEB20.4 ☐ No ☐

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.

<i>Please put a tick on each line</i>	No abnormal condition	Abnormal condition present	Please describe and give diagnosis
(a) Facial and general appearance	<input type="checkbox"/> <u>MEB21.1</u>	<input type="checkbox"/>	<u>MEB21.2</u>
(b) Skin condition	<input type="checkbox"/> <u>MEB21.3</u>	<input type="checkbox"/>	<u>MEB21.4</u>
(c) Ear, nose or throat condition	<input type="checkbox"/> <u>MEB21.5</u>	<input type="checkbox"/>	<u>MEB21.6</u>
(d) Upper respiratory condition	<input type="checkbox"/> <u>MEB21.7</u>	<input type="checkbox"/>	<u>MEB21.8</u>
(e) Lower respiratory condition	<input type="checkbox"/> <u>MEB21.9</u>	<input type="checkbox"/>	<u>MEB21.10</u>
(f) Cardiovascular condition	<input type="checkbox"/> <u>MEB21.11</u>	<input type="checkbox"/>	<u>MEB21.12</u>
(g) Gastrointestinal condition	<input type="checkbox"/> <u>MEB21.13</u>	<input type="checkbox"/>	<u>MEB21.14</u>
(h) Other abdominal condition	<input type="checkbox"/> <u>MEB21.15</u>	<input type="checkbox"/>	<u>MEB21.16</u>
(i) Urogenital tract condition	<input type="checkbox"/> <u>MEB21.17</u>	<input type="checkbox"/>	<u>MEB21.18</u>
(j) Neurological condition	<input type="checkbox"/> <u>MEB21.19</u>	<input type="checkbox"/>	<u>MEB21.20</u>
(k) Musculo-skeletal condition	<input type="checkbox"/> <u>MEB21.21</u>	<input type="checkbox"/>	<u>MEB21.22</u>
(l) Endocrine condition	<input type="checkbox"/> <u>MEB21.23</u>	<input type="checkbox"/>	<u>MEB21.24</u>
(m) Blood or lymphatic condition	<input type="checkbox"/> <u>MEB21.25</u>	<input type="checkbox"/>	<u>MEB21.26</u>
(n) Mental handicap	<input type="checkbox"/> <u>MEB21.27</u>	<input type="checkbox"/>	<u>MEB21.28</u>
(o) Behavioural or emotional problem	<input type="checkbox"/> <u>MEB21.29</u>	<input type="checkbox"/>	<u>MEB21.30</u>
(p) Other abnormal condition(s) or syndrome(s)			<u>MEB21.31</u>

B22. Did your examination reveal any of the following?

Please put a tick in each row	No	Yes	If Yes, please describe
Any evidence of puberty*	<input type="checkbox"/> MEB22.1	<input type="checkbox"/>	MEB22.2, MEB22.3 MEB22.4, MEB22.5, MEB22.6
Any surgical or operative scar(s) ...	<input type="checkbox"/> MEB22.7	<input type="checkbox"/>	MEB22.8
Any scar(s) due to injury, burns, etc.	<input type="checkbox"/> MEB22.9	<input type="checkbox"/>	MEB22.10, MEB22.11 MEB22.12, MEB22.13
Any pathological heart murmur.	<input type="checkbox"/> MEB22.14	<input type="checkbox"/>	MEB22.15
Undescended/ectopic testis	<input type="checkbox"/> MEB22.16	<input type="checkbox"/>	MEB22.17
Any other pathology of note not already stated in question B21.	<input type="checkbox"/> MEB22.18	<input type="checkbox"/>	MEB22.19

*axillary hair, pubic hair, mammary enlargement, menarche







B23. Has the child any disfiguring condition? e.g. abnormal facies, large port-wine stain, obvious scars or any other major deviation from normal which is visible or becomes apparent on undressing or on movement.

Yes MEB23.1	<input type="checkbox"/>	If Yes, please describe
No	<input type="checkbox"/>	MEB23.2 MEB23.3

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

Yes MEB24.1	<input type="checkbox"/>	If Yes, please describe
No	<input type="checkbox"/>	MEB24.2 MEB24.3 MEB24.4 MEB24.5

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			Right Palm		
					
Tick one box only			Tick one box only		
<input type="checkbox"/> MEB25.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MEB25.3	<input type="checkbox"/>	<input type="checkbox"/>

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?

MEB26

- 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.

	1st occasion	2nd occasion
Put a tick in each column		
Right hand..... MEB27.1	<input type="checkbox"/> MEB27.2	<input type="checkbox"/>
Left hand.....	<input type="checkbox"/>	<input type="checkbox"/>
Both hands.....	<input type="checkbox"/>	<input type="checkbox"/>
Unable to test.....	<input type="checkbox"/>	<input type="checkbox"/>

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

- Right hand .. MEB27.3 ☐
 Left hand ☐
 Both hands ☐
 Unable to test..... ☐

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

	Hand used	Foot used
Put a tick in each column		
Right MEB27.4	<input type="checkbox"/> MEB27.5	<input type="checkbox"/>
Left.....	<input type="checkbox"/>	<input type="checkbox"/>
Either.....	<input type="checkbox"/>	<input type="checkbox"/>
Cannot do it.....	<input type="checkbox"/>	<input type="checkbox"/>

(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.

Which foot was used?

- Right foot .. MEB27.6 ☐
 Left foot..... ☐
 Both feet..... ☐
 Unable to test..... ☐

(e) **Eye.** Roll up 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.

Which hand? MEB27.7

- Right hand..... ☐
 Left hand..... ☐
 Both hands..... ☐
 Unable to test..... ☐

Which eye? MEB27.8

- Right eye..... ☐
 Left eye..... ☐
 Other response..... ☐

please specify.....

MEB27.9

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 child'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.

B28. THROWING A BALL IN THE AIR

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.

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. . . .

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.

Time taken by right hand	MEB29.1	seconds
Time taken by left hand	MEB29.2	seconds

□ X O 3

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

NOTE: DO NOT LET THE CHILD SEE THIS SCORE SHEET

Please tick appropriate box in each row

RECORD:—			Child correct	Child incorrect	Child uncertain
MEB30.1	(a) Right palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.2	(b) Left palm	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.3	(c) Right palm	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.4	(d) Left palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.5	(e) Right palm	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.6	(f) Left palm	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.7	(g) Right palm	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEB30.8	(h) Left palm	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

MEB31.1 No ☐ Yes ☐ — If Yes, after how many seconds? MEB31.2
seconds

Did hand(s) move before 30 seconds?

MEB31.3 No ☐ Yes ☐ — If Yes, after how many seconds? MEB31.4
seconds

(b) Standing on Left leg for 30 seconds

Did foot/feet move before 30 seconds?

MEB31.5 No ☐ Yes ☐ — If Yes, after how many seconds? MEB31.6
seconds

Did hand(s) move before 30 seconds?

MEB31.7 No ☐ Yes ☐ — If Yes, after how many seconds? MEB31.8
seconds

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
steps

Comments, if any ... MEB32.2

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..... MEB33.1 ☐
 Questionably clumsy..... ☐
 Mildly clumsy..... ☐
 Moderately clumsy..... ☐
 Markedly clumsy..... ☐
 Unable to assess..... ☐
 Comments..... MEB33.2

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 MEB34 beats in 1 minute

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

SUMMARY OF CONDITIONS FOUND AND CONCLUSIONS

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 ☐

Nature of problem/defect/handicap	Condition present but no real disability	Condition resulting in slight disability	Condition resulting in marked disability	Past condition but no longer producing symptoms
1 <u>MEB35.2*</u> <u>MEB35.3*</u>	<input type="checkbox"/>	<u>MEB35.4</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <u>MEB35.5A*</u> <u>MEB35.5B*</u> <u>MEB35.6*</u>	<input type="checkbox"/>	<u>MEB35.7</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <u>MEB35.8*</u> <u>MEB35.9*</u>	<input type="checkbox"/>	<u>MEB35.10</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <u>MB35.11A*</u> <u>MB35.11B*</u> <u>MEB35.12*</u>	<input type="checkbox"/>	<u>MEB35.13</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <u>MEB35.14*</u> <u>MEB35.15*</u>	<input type="checkbox"/>	<u>MEB35.16</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <u>MB35.17A*</u> <u>MB35.17B*</u> <u>MEB35.18*</u>	<input type="checkbox"/>	<u>MEB35.19</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ☐ If Yes, please list each condition below and give reason(s), if any, why condition not previously diagnosed or under observation.

No ☐

Insufficient information ☐

(a) MEB36.2* MEB36.3A* MEB36.3B*

(b) MEB36.4* MEB36.5*

(c) MEB36.6* MEB36.7A* MEB36.7B*

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.

No MEB37.1 ☐

Yes, condition(s) present for which child is already receiving observation or treatment ☐

Yes, condition(s) present for which child is not receiving observation or treatment ☐

Insufficient information ☐

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

(i) MEB37.5* MEB37.6A* MEB37.6B*

(ii) MEB37.7* MEB37.8*

(iii) MEB37.9* MEB37.10A* MEB37.10B*

(iv)

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).

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).

BACK 1M

BACK2M

Please include here any details from missing or centrally-held child health records.

Please include here any details from missing or centrally-held child health records.

BACK3M

SEE PAGE 20

AUDIOGRAM

Child's Surname Sex: M ☐ F ☐
 Child's Forename(s) Date of birth. /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

	Normal	Abnormal	*Could not be tested	Give reason
Right ear ... <i>A103A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left ear ... <i>A105A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If carried out, please record results below, for air conduction and bone conduction.

RIGHT EAR		RTOTLOSS							LEFT EAR		LTOTLOSS						
		250	500	1000	2000	4000	8000			250	500	1000	2000	4000	8000		
Hearing loss in dB	-10																
	0																
	10																
	20																
	30																
	40																
	50																
	60																
	70																
	80																
90+																	

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

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

Audiogram recorded at.....
 Name of recorder..... Date.../.../80
 Professional status.....
 Make of audiometer..... Level of sweep..... dB's
 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 *NCDKID*
 Date tested

Text pool entry 1 pointer= MENT1.1
Text pool entry 1 ICD code= MENT1.2
Text pool entry 1 text string 30 chars= MENT1.3
Text pool entry 2 pointer= MENT2.1
Text pool entry 2 ICD code= MENT2.2
Text pool entry 2 text string 30 chars= MENT2.3
Text pool entry 3 pointer= MENT3.1
Text pool entry 3 ICD code= MENT3.2
Text pool entry 3 text string 30 chars= MENT3.3
Text pool entry 4 pointer= MENT4.1
Text pool entry 4 ICD code= MENT4.2
Text pool entry 4 text string 30 chars= MENT4.3
Text pool entry 5 pointer= MENT5.1
Text pool entry 5 ICD code= MENT5.2
Text pool entry 5 text string 30 chars= MENT5.3
Text pool entry 6 pointer= MENT6.1
Text pool entry 6 ICD code= MENT6.2
Text pool entry 6 text string 30 chars= MENT6.3
Text pool entry 7 pointer= MENT7.1
Text pool entry 7 ICD code= MENT7.2
Text pool entry 7 text string 30 chars= MENT7.3
Text pool entry 8 pointer= MENT8.1
Text pool entry 8 ICD code= MENT8.2
Text pool entry 8 text string 30 chars= MENT8.3
Text pool entry 9 pointer= MENT9.1
Text pool entry 9 ICD code= MENT9.2
Text pool entry 9 text string 30 chars= MENT9.3
Text pool entry 10 pointer= MENT10.1
Text pool entry 10 ICD code= MENT10.2
Text pool entry 10 text string 30 chars= MENT10.3
Text pool entry 11 pointer= MENT11.1
Text pool entry 11 ICD code= MENT11.2
Text pool entry 11 text string 30 chars= MENT11.3
Text pool entry 12 pointer= MENT12.1
Text pool entry 12 ICD code= MENT12.2
Text pool entry 12 text string 30 chars= MENT12.3
Text pool entry 13 pointer= MENT13.1
Text pool entry 13 ICD code= MENT13.2
Text pool entry 13 text string 30 chars= MENT13.3
Text pool entry 14 pointer= MENT14.1
Text pool entry 14 ICD code= MENT14.2
Text pool entry 14 text string 30 chars= MENT14.3
Text pool entry 15 pointer= MENT15.1
Text pool entry 15 ICD code= MENT15.2
Text pool entry 15 text string 30 chars= MENT15.3
Text pool entry 16 pointer= MENT16.1

Text pool entry 16 ICD code= MENT16.2
Text pool entry 16 text string 30 chars= MENT16.3
Text pool entry 17 pointer= MENT17.1
Text pool entry 17 ICD code= MENT17.2
Text pool entry 17 text string 30 chars= MENT17.3
Text pool entry 18 pointer= MENT18.1
Text pool entry 18 ICD code= MENT18.2
Text pool entry 18 text string 30 chars= MENT18.3