



PRESCHOOL/KINDERGARTEN SCHOOL ENTRANCE PHYSICAL EXAMINATION

(to be completed and signed by a physician)

Name: _____ Birth Date: _____
(Month/Day/Year)

Height: _____ Weight: _____ Blood Pressure: _____

General appearance, nutritional state: _____

	Normal	Abnormal		Normal	Abnormal	
Posture			Neck			Vision R 20/_____ L 20/_____
Skin			Heart			
Eyes			Lungs			
Ears			Abdomen			
Nose			Genitalia			Hearing Test Type: _____ R _____ L _____
Throat (Tonsils)			Hernia			
Mouth (Teeth)			Nervous System			
Musculoskeletal			Other (Specify)			

Remarks and recommendations concerning any abnormal findings:

What medication, if any, is the child taking?

Reason for medication: _____

Was child referred to a specialist for any reason (specify)? _____

Attach a copy of the child's current immunization record.

Immunizations (circle one) Complete or In Process

Special Tests (at discretion of physician)

Urinalysis: _____ Hemoglobin: _____ Other: _____

Other (specify type and dates): _____

Tuberculin Test: _____ Type: _____ Results: _____ Positive _____ Negative _____

Signature of Physician: _____ Date: _____

Physician (please print): _____ Phone Number: _____