

PRE-SCHOOL/KINDERGARTEN PHYSICAL EXAMINATION FORM

CHILD'S NAME			ADDRESS					BIRTH DATE						
Last	First	Middle	Street		City			Month	Day	Year				
Name of Parent/Guardian		Address		Phone	Family Physician			Address		Phone				
Blood Type		Medicine Taken Regularly		Condition(s) Which Could Affect School Work						School Enrolled				
Diseases	Date	Diseases	Date	Vaccines	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	Tests	Date	Pos	Neg
Allergies		Pneumonia		DTP/DTaP/ DT/Td/Tdap							TB/Mantoux			
Chicken Pox		Poliomyelitis		Polio										
Diphtheria		Rheumatic Fever		MMR										
German Measles		Scarlet Fever		Hib							Other			
Hepatitis		Smallpox		Hepatitis B										
Measles		Whooping Cough		Varivax										
Mumps				Other										

Physical Examination

	Date	HEARING		VISION					
				With Glasses		Without Glasses			
		Height	Weight/b.	Right	Left	Right	Left	Right	Left
General Appearance									
Posture									
Nutrition									
Skin		Comments by Physician							
Feet									
Nose and Throat									
Eyes and Ears									
Tonsils and Glands									
Heart and Lungs									
Abdomen									
Genitals		Operations and Injuries							
Medical Problems									
BP									
Urinalysis									
Lead Screening: Normal _____ Needs More Eval. _____									

Name of Examining Physician: _____

DENTAL EXAMINATION

Date: _____

Condition of Teeth

Condition of Gums

Name of Examining Medical Professional: _____

Does student have private health insurance _____, Medicaid _____, or no health insurance _____? (Please check one.)

NOTE TO PARENTS: If your child does not qualify for Medicaid and you can not afford private health insurance, your child may qualify for free or reduced cost health insurance through Healthy and Well Kids in Iowa (HAWK-I) Program. Your school nurse has information and applications or you can call 1-800-257-8563.

Please return this form before the end of the first week of school.