

PK/Kindergarten Physical Examination

Child's Name: _____

Birthdate: _____

Health History:

Communicable Diseases	Date
Chicken Pox _____	_____
Other _____	_____
_____	_____

Past Surgeries:

_____	_____
_____	_____
_____	_____

Past or Present Illnesses:

_____	_____
_____	_____
_____	_____

Medication taken regularly:

_____	_____
_____	_____
_____	_____

Allergies: _____ Reaction: _____

Past Injuries:

Physical Examination

General Appearance: _____	Heart: _____
Posture: _____	Lungs: _____
Nutritional Status: _____	Abdomen: _____
Skin: _____	Genitals: _____
Feet: _____	Urinalysis: _____
Nose & Throat: _____	Hg: _____
Eyes & Ears: _____	BP: _____
Tonsils & Glands: _____	Ht. _____ Wt. _____
Lead testing _____	

Abnormalities, handicaps, chronic illnesses present, or any specific recommendations for health maintenance in school:

Examining Physician: _____ Date: _____