DEDICATED TO THE SUCCESS OF EACH STUDENT

CITY OF HARTFORD, TOWNS ADDISON, ERIN, HARTFORD - WASHINGTON COUNTY • TOWNS OF ASHIPPUN, RUBICON - DODGE COUNTY HARTFORD, WISCONSIN 53027

Kindergarten Physical Examination Form

Parents: A physical exam is school.	s strongly	encoura	ged p	orior to Kindergarten but is not required	l for admission to
Child's Name				DOB	1 □ F
Name of Parent:					
Address				Phone:	
Medical History	,				
Allergies:					
Medications:					
Other:					
Physical Exam Height	Weight			_	
	Normal	nal Abnormal		Explain if abnormal	
General Appearance					
Skin					
Eyes, Ears, Nose, Throat					
Lungs					
Heart					
Abdomen					
Extremities					
Neurological					
UA (if done)					
Recommendations No Restrictions: Norma RESTRICTIONS AND		TIONS	TO S	CHOOL	
Physician's Signature				Clinic	
Date of Exam			402 W Sumner St		
				Hartford WI 53027	

CENTRAL MIDDLE SCHOOL LINCOLN SCHOOL 1100 Cedar Street

Hartford, WI 53027 Phone: 262-673-8040 FAX: 262-673-7596 755 S. Rural Street Hartford, WI 53027

FAX:

Phone: 262-673-2100 262-673-0148

FAX:

ROSSMAN SCHOOL 600 Highland Avenue Hartford, WI 53027 Phone: 262-673-3300

262-673-3543

DISTRICT OFFICE

Pupil Services Dir.

402 W. Sumner Street, Hartford, WI 53027 District Administrator Business Manager

262-673-3155 FAX: 262-673-3548 262-673-9033 FAX: 262-673-3548 262-673-8042 FAX: 262-673-8045