

Kindergarten Physical Examination Form

Parents: A physical exam is strongly encouraged prior to Kindergarten but is not required for admission to school.

Child's Name _____ DOB _____ ☐ M ☐ F

Name of Parent: _____

Address _____ Phone: _____

Medical History

Chronic Illness: _____

Allergies: _____

Medications: _____

Other: _____

Physical Exam

Height _____ Weight _____

	Normal	Abnormal	Explain if abnormal
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes, Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
UA (if done)	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations

- ☐ No Restrictions: Normal Exam
☐ RESTRICTIONS AND SUGGESTIONS TO SCHOOL

Physician's Signature _____ Clinic _____

Date of Exam _____

Revised 12/2018

Return to: Hartford Jt #1 Schools - Pupil Services
 402 W Sumner St
 Hartford WI 53027