

**KINDERGARTEN PHYSICAL EXAMINATION FORM
GREEN HILLS SCHOOL**

Required Physical Examination of Kindergarten Pupils.....Board Policy
The examination must include the items listed below be completed and submitted to the School Nurse by June 30th.

NAME _____ BIRTHDATE _____ TELEPHONE _____
 Height _____ Weight _____ Blood Pressure _____ Pulse _____
 General Appearance _____
 Ears(Otoscopy) _____ Hernia _____ Eyes(fundascopic) _____
 Genito-Urinary _____ Lymph Glands _____ Orthopedic Structural _____
 Thyroid _____ Scoliosis _____ Nose _____
 Posture _____ Throat _____ Feet _____
 Teeth-Mouth _____ Skin _____ Heart _____
 Nutrition _____ Lung _____ Nervous System _____
 Abdomen _____ Speech _____

History of illness, injury or
 Other _____
 Surgery _____

Has child been tested for blood lead levels? Date: _____ Results: _____

Is this child receiving any medication or therapy? If so, please indicate type, dose, reason and duration:

Are there any educational constraints or adjustments in the child's program or physical activities? Please indicate:

Does the child have Emotional/Mental/Behavior Problem? (If yes, please explain)

Does the child have any Problems with Health Habits? (If yes, please explain)

Immunization History (please enter complete date) Month - Day - Year

DPT: or DtaP: _____	OPV: or IPV: _____	MMR: _____
HIB: _____	HEPB: _____	Varicella Zoster: _____

VISUAL

Visual Acuity O.S. _____ O.D. _____ Eye Balance _____

Color Discrimination (please circle) PASS FAIL

Wears Glasses (please circle) YES NO

Observations (circle all that apply)

Crusty Lids	Squinting	Reddened Sclera/Conjunctiva
Watery Eyes	Head Tilt	Strabismus

AUDITORY

	PASS	FAIL	QUESTIONABLE	History of ear infections	NO	YES
Left Ear	_____	_____	_____	History of hearing problems	_____	_____
Right Ear	_____	_____	_____	Myringotomy with tubes	_____	_____
				Recheck _____	Date _____	

This child is physically able to compete in any supervised gym activities: ___Yes ___No

_____ SIGNATURE OF PHYSICIAN	_____ DATE
_____ PRINT NAME OF PHYSICIAN	_____ PHONE NUMBER