

## PRE-SCHOOL/KINDERGARTEN PHYSICAL EXAMINATION FORM

CHILD'S NAME				ADDRESS				BIRTH DATE						
Last	First	Middle	Street	City	Month	Day	Year	Phone		School Enrolled				
Name of Parent/Guardian			Address		Phone		Family Physician		Address		Phone			
Blood Type			Medicine Taken Regularly			Condition(s) Which Could Affect School Work								
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/D7aP/ DT/Td/Tdap							TB/Mantoux			
Chicken Pox		Polio		MMR										
Diphtheria		Rheumatic Fever		Hib							Other			
German Measles		Scarlet Fever		Hepatitis B										
Hepatitis		Smallpox		Varivax										
Measles		Whooping Cough		Other										
Mumps														

Physical Examination									
			HEARING		VISION				
General Appearance	Date	Height	Weight/b.	Right	Left	With Glasses	Without Glasses	Right	Left
Posture						Right	Left		
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.							
<b>DENTAL EXAMINATION</b>									
Name of Examining Physician: _____ 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.**