

Knowlton Township Elementary School

Physical Exam for **Preschool** Entrance

Student's Name: _____ Date of Birth: _____

IMMUNIZATION RECORD: Please give exact dates (or attach computer printout)

DTP 1. _____ 2. _____ 3. _____ 4. _____

Polio 1. _____ 2. _____ 3. _____

MMR 1. _____

HIB 1. _____ 2. _____ 3. _____

Varicella 1. _____

Pevnar 1. _____ 2. _____ 3. _____

Most Recent Flu 1. _____

Mantoux Test: Date of Test: _____ Result: _____ Date Read: _____

Lead Screening: Date of Test: _____ Result: _____

HISTORY OF DISEASES/DATES:

Chicken Pox _____ Lyme disease _____ Strep Infections _____

Scarlet Fever _____ Hepatitis _____ Meningitis _____

Rheumatic Fever _____ Mononucleosis _____ Other _____

PHYSICAL EXAM:

Height _____ Weight _____ B/P _____

Eyes _____ Vision R 20/ _____ L 20/ _____ Bilateral _____

Ears _____ Hearing R _____ L _____

Head – Nose/Mouth/Throat/Glands: _____

Respiratory: _____

Cardiovascular: _____

Abdomen: _____

Musculoskeletal/Scoliosis: _____

Neurological: _____

Integument: _____

Hernia: _____

DESCRIPTION OF CONDITIONS/HISTORY:

Asthma/Allergies: _____

Cardiovascular: _____

Ear and Hearing Defects: _____

Diabetes/Endocrine: _____

Neurological/Seizure Disorder: _____

Orthopedic: _____

Surgeries or Serious Injuries: _____

Daily Medications: _____

PRN Medications: _____

Remarks & Recommendations: _____

In view of my physical examination, I believe this child may participate in all physical activities.

Physician's Signature: _____ Date of Exam: _____

Physician's Stamp: _____ Phone: _____