

Christ Lutheran School Kindergarten Physical Examination

In accordance with the Parish School Board policy, it is required that all students have a complete physical examination within a year prior to kindergarten entrance. **This form must be completed and returned to the school nurse before the child enters kindergarten in the fall.**

Student Name: _____ Date of Examination: _____

Height: _____ Weight: _____ Sex: _____ Age: _____ DOB: _____

Blood Pressure: _____

	WNL	Abnormal		WNL	Abnormal
Eyes			Abdomen		
Ears			Cervical Spine/Neck		
Nose			Back		
Throat			Shoulders		
Teeth			Arm/elbow/wrist/hand		
Skin			Knees/hips		
Lymphatic			Ankles/Feet		
Lungs			Genitalia/hernia (males only)		
Heart					

	Yes	No	Comments
Does this child have any allergies?			
Has this child's growth and development been normal?			
Is this child's speech developmentally appropriate?			
Is this child on medication? <u>Medication</u> <u>Dose</u> <u>Time</u>			
Has this child been hospitalized within the last year?			
Has this child had any serious illnesses, injuries or operations since birth?			
Has this child any physical or emotional conditions which may require intervention or modification of school program?			
Does this child have any chronic illnesses i.e. asthma, diabetes, etc.?			

Attach a copy of the child's entire immunization record including any immunizations given today.

_____ Date

_____ Signature of Physician

_____ Telephone Number

_____ Printed Name of Physician

_____ Address

_____ City/State/Zip

This form must be returned to the school nurse before a student begins school in August. If a student enters Christ Lutheran School during the school year, this form must be returned within 30 days of entrance.