North St. Paul
Maplewood
Oakdale
Independent School District No. 622

Kindergarten Physical Examination Form

Last Name of Child _____ First Name _____ Date of Birth _____ Sex _____

Address _____ City _____ Zip _____ Home Phone _____

Mother's Name _____ Father's Name _____

Health History: To be completed by parent and physician

Please check all that apply:

_____ Lazy eye
_____ Frequent ear infections
_____ Frequent throat infections
_____ Snores at night
_____ Mouth breather
_____ Hearing loss
_____ Allergies: Please specify below
food _____
medication _____
insect _____
environmental _____
contact _____
_____ Complicated pregnancy
Premature _____ (weeks?)

_____ Seizure condition
_____ Attention difficulties
_____ Tics
_____ Motor difficulties
_____ Speech difficulties
_____ Behavior difficulties
_____ Bowel/bladder problems
_____ Takes daily medication, specify _____
_____ Has been seen by specialist

Specify _____ Date _____

_____ Tuberculosis
_____ Chicken Pox
_____ Hepatitis
_____ CMV
_____ HIV

I hereby give permission to school authorities to contact the family doctor for further information if necessary

Parent/Guardian Signature _____ Date _____

Physical Examination: To be completed by Physician

Areas of Concern:

Ht	Wt	TB test (specify)	Date	Result

General Appraisal:

_____ Ht
_____ Wt
_____ Eyes
_____ Vision
_____ Ears
_____ Hearing
_____ Nose

_____ Teeth
_____ Palate
_____ Heart
_____ Allergies
_____ Hgb
_____ Urinalysis
_____ B/P

_____ Orthopedic
_____ Scoliosis
_____ Lungs
_____ Abdomen
_____ Skin
_____ Lead exposure

Restrictions to diet/activity

_____ _____
Physician's Signature Date

_____
Phone

_____
Address

Immunization Information on reverse side