

Preschool Physical Exam Form

Northwood-Kensett Community School

Child's Name _____ Sex M F Date of Birth _____

Height _____ Weight _____

Did the examination reveal any abnormalities in the following areas?

	WNL	Atypical	Remarks re: Atypical findings
General Appearance	()	()	_____
Speech	()	()	_____
Eyes	()	()	_____
Ears	()	()	_____
Nose/Throat	()	()	_____
Head/Neck	()	()	_____
Heart	()	()	_____
Lungs	()	()	_____
Abdomen	()	()	_____
Genitourinary	()	()	_____
Neuromuscular	()	()	_____
Other abnormalities	()	()	_____

Any of the following completed during exam (Please indicate with X or check)?

- Lead testing ()
- Immunizations ()
- Vision screening ()

Has this child had any serious illness, injury, or hospitalization that will require special considerations by school?

Does the child have any allergies? (Food, bee stings, drugs, inhalants, other) YES () NO ()

Please detail reaction and treatment: _____

Is this child on a daily prescription medications? YES () NO ()

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Condition requiring medication</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician's Signature _____ Date _____