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SEYMOUR COMMUNITY SCHOOL DISTRICT

Kindergarten Physical Examination Report
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4K 5K (Circle the grade child will be attending.)

Child's Name: _____

Date of Birth: _____

To Be Completed by Physician

1. Is child subject to conditions which may cause classroom emergencies, such as seizure disorder, diabetes, asthma, other? Yes No

Explain: _____

2. Does child have any other medical problem with which the school should be concerned? Yes No

Explain: _____

3. Is there evident need for dental care? Yes No

4. Is there any hearing or visual disability for which preferential seating or other action is needed? Yes No

Explain: _____

5. Present blood pressure reading: _____

6. Is there any disability which limits the student's participation in:
Classroom activities? Yes No
Physical Education? Yes No

Explain: _____

7. I would like the school nurse teacher to contact me regarding this child.

8. Physician's recommendation to school: _____

9. Immunizations Received Today In My Office: _____

Date of exam

Physician signature

Print or stamp:

Physician Name/Clinic _____

Address _____

Phone # _____