



Medical Examination Report

(Confidential Report – This report to be returned directly to the school nurse)

Attach a copy of the current immunizations which states month, day, and year of all vaccines and available Tb tests received.

The following items are required for all Pre-K children

Date of Exam _____

ALL INFORMATION MUST BE FROM WITHIN PAST 12 MONTHS

Student's Name _____ DOB _____ Age on Exam _____

LAST FIRST MI
Height _____ Weight _____ Bp _____ Temp _____

Vision: Circle near or far tests; RT _____ LT _____ Both _____ Hearing: RT _____ LT _____

Laboratory tests (results): Date: _____ Hgb or Hct _____ (numeric result) Date: _____ UA results _____

Date: _____ Blood lead results _____ (numeric result)

(optional) Date: _____ Sick cell screen: _____ Negative _____ Sick cell Trait _____ Sick cell Disease

(optional) Date: _____ Tb skin test, results _____ Negative _____ Positive

Physical Exam	Normal	Abnormal – comments / recommended follow-up
Eyes		
Ears, Nose & Throat		
Teeth/Gums		
Skin		
Cardiovascular		
Respiratory		
Abdomen		
Muscular Skeletal		
Genitalia		
Mental/Behavioral		

Medical Conditions, complications, prescribed medications, comments, limitations, recommended follow-up (add additional pages as needed)

Please check appropriate box below for this child

- ☐ I have examined the above mentioned child and found the child to be in good general health and capable of full participation in either an Early Childhood, Elementary, Middle, or Secondary Education program.
- ☐ I have examined the above mentioned child and found that due to a physical condition, the child is capable of participation in either an Early Childhood, Elementary, Middle, or Secondary Education program with some limitations.

Physician name _____ Address _____
PLEASE PRINT

Physician signature _____ Phone _____