Clayton Ridge Community School District
Physical Examination Form for Pre-School and Kindergarten

Date of Physical _____ Male _____ Female _____

Child's Name _____ Birthdate _____

Parent's Name _____ Phone _____

Parent's Address_____

Family Doctor _____ Phone _____

Doctor's Address _____

Family Dentist _____ Phone _____

Dentist's Address _____

List all prescription and over the counter medications your child takes regularly and time taken.

_____

List any allergies _____

Type of reaction _____

List any dietary restrictions _____

List any conditions that could affect school work _____

Child's Health History (Circle Yes or No)

Yes	No	ADD/ADHD	Yes	No	Hearing Aid
Yes	No	Asthma	Yes	No	Heart problems
Yes	No	Bowel/Bladder problems	Yes	No	Immunizations current
Yes	No	Chicken Pox	Yes	No	Kidney/Bladder infections
Yes	No	Depression / Anxiety	Yes	No	Rheumatic fever
Yes	No	Diabetes	Yes	No	Seizures
Yes	No	Ear infections	Yes	No	Strep
Yes	No	Eating problems	Yes	No	Tuberculosis
Yes	No	Headaches	Yes	No	Vision problems
Yes	No	Head injury / Concussion	Yes	No	Hospitalizations
Yes	No	Hearing problems	Yes	No	Eyeglasses

If yes to any of the above, please explain: _____

_____

Has your child been seen by a dentist? Yes No If yes, when: _____

List Operations and Injuries _____

_____

Over

To Be Completed By Physician

	Normal	Abnormal Findings
Abdomen		
Blood Count		
Blood Pressure		
Developmental		
Ears		
Eyes		
Genitals		
Glands		
Hearing		
Heart		
Height / Weight		
Lungs		
Musculoskeletal		
Neck		
Neurological		
Nose		
Nutrition		
Orthopedic		
Posture		
Skin		
Throat / Mouth		
Urinalysis		
Vision		
Lead Screening (**Required)** **If previously screened, send a copy**		

Comments: _____

This child is physically qualified to take part in the regular school program ____ yes ____no
Up-to-date certificate of immunizations attached **(Required)** ____ yes ____ no

Signature of Physician _____ **Date** _____