Physical Exam Form

Please present this form with your kindergarten student to your health care provider prior to a scheduled appointment.

Child's Name:		Phone #:
Parent's Name:		Address:
School Name:		Phone #:
Section 1 – PHYSICAL ASSESSMENT		Section 2 – SCREENING
Did the examination reveal any abnormalities in the form of the second s	Abnormal/Disability Condition(s)	-
Section 3 - CHILD HEALTH STATUS	(Check all that apply)	
<ol> <li>[Y] [N] Child is receiving routine screening and preventative care (preventative services would include: Well Child Care, Routine Dental Care, - prophy &amp; exam, Immunizations current for age)</li> <li>[Y] [N] Child has acute or chronic condition(s) and is:</li></ol>		
Section 4 - SAFETY		
Knows own informationBicycle helmet		
Child's Medical Statement		
This is to certify that I have examined the above named child on (date) and have found that this child, based upon his/her medical history and physical condition at the time of this examination, is free from apparent communicable diseases and is in suitable condition for enrollment in an early childhood program.  X Child's Birth Date//  Health Professional's Signature MMDDYY		
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City State Zip	Phone	