

PHYSICAL EXAMINATION RECORD for KINDERHAUS

Last Name _____ First Name _____ Middle Initial _____ Gender _____ Birthplace _____

Parent or Guardian _____ Address _____ City _____ Home Phone _____

Medicine Taken Regularly _____ Conditions which could affect school activities _____

Family Physician _____ Address _____

PARENTS: Please complete the above area before taking to the doctor's office.

Please check if child has had the following illness:

1. Allergies No Yes to Medication _____ to Foods _____ to Latex _____
2. Asthma No Yes Medication Name _____
3. Chicken Pox No Yes Disease Date _____
4. Diabetes No Yes _____
5. Ear Infections No Yes _____
6. Ear Tubes No Yes Date _____ Still in place? _____ R _____ L _____ Both _____
7. Pneumonia No Yes Date _____ Hospitalized? _____
8. Tonsillitis No Yes _____

As needed:

Height (inches) _____ Weight (lbs) _____ Hbg _____ UA _____ Lead _____ General Appearance: Healthy Other _____

Posture Normal Other _____ Nutrition Good Fair Poor _____ Development : Normal Other _____

Nose & Throat Normal Other _____ Eyes & Ears Normal Other _____ Tonsils & Glands Normal Other _____

Heart & Lungs Normal Other _____ Abdomen Normal Other _____ Skin & Scalp : Normal Other _____

Neuromuscular Normal Other _____ Spine and Back Normal Other _____ Lymph Nodes : Normal Other _____

Rectum, Anus, & Genitalia Normal Other _____ Extremities Normal Other _____ Teeth : Normal Other _____

Pertinent Family History _____

I have examined _____ . He/She _____ is/ _____ is not physically and emotionally able to participate in your program.

Additional comments:

EXAMINED BY: _____ **Date** _____