SULLY CHRISTIAN SCHOOL
Kindergarten Physical Examination Form

Child's Name_____ M/F Birth date_____

Parent/Guardian_____

Significant Medical Conditions (√)

	Yes	No	If Yes, Explain
Allergies……....	☐	☐	_____
Asthma……....	☐	☐	_____
Cardiac…….	☐	☐	_____
Chemical Dependency…	☐	☐	_____
Drugs……..	☐	☐	_____
Alcohol……	☐	☐	_____
Diabetes Mellitus……...	☐	☐	_____
Gastrointestinal Disorder...	☐	☐	_____
Hearing Disorder……	☐	☐	_____
Hypertension…….	☐	☐	_____
Neuromuscular Disorder…	☐	☐	_____
Orthopedic Condition…….	☐	☐	_____
Respiratory Illness…….	☐	☐	_____
Seizure Disorder……	☐	☐	_____
Skin Disorder……	☐	☐	_____
Vision Disorder……..	☐	☐	_____
Other (Specify)……	☐	☐	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify_____

Report of physical Examination (√)

	Normal	Abnormal	Not Examined	Comments
Height (inches)				
Weight (pounds) BMI				
Pulse ( )				
Blood Pressure /				
Hair/Scalp				
Skin				
Eyes/Vision				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc.				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Presence of Scoliosis)				
Laboratory Tests – Blood Count				
*Lead Screening				
Urinalysis				

Date of Examination_____

_____ _____
Signature of Examiner Printed Name of Examiner

Address_____ Phone#_____