Preschool Physical Exam Form
Northwood-Kensett Community School

Child's Name_____ Sex__M__F   Date of Birth_____

Height_____ Weight_____

Did the examination reveal any abnormalities in the following areas?

	WNL	Atypical	Remarks re: Atypical findings
General Appearance	( )	( )	_____
Speech	( )	( )	_____
Eyes	( )	( )	_____
Ears	( )	( )	_____
Nose/Throat	( )	( )	_____
Head/Neck	( )	( )	_____
Heart	( )	( )	_____
Lungs	( )	( )	_____
Abdomen	( )	( )	_____
Genitourinary	( )	( )	_____
Neuromuscular	( )	( )	_____
Other abnormalities	( )	( )	_____

Any of the following completed during exam (Please indicate with X or check)?
 Lead testing   ( )
 Immunizations   ( )
 Vision screening ( )

Has this child had any serious illness, injury, or hospitalization that will require special considerations by school?
_____
_____

Does the child have any allergies? (Food, bee stings, drugs, inhalants, other) YES ( ) NO ( )
Please detail reaction and treatment:_____
_____

Is this child on a daily prescription medications? YES ( )   NO ( )

Medication	Dose	Frequency	Condition requiring medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician's Signature _____ Date_____