**NENANA SCHOOL - KINDERGARTEN PHYSICAL FORM**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial \_\_\_\_\_\_\_\_\_\_\_\_ Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_

Medicine Taken Regularly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conditions which could affect school activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please check if your child has had the following illness:

1. Allergies ❒ No ❒ Yes to Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Latex\_\_\_\_\_\_\_ (if your child has allergies additional forms are required)

2. Asthma ❒ No ❒ Yes Medication Name (if your child has asthma additional forms are required)

**If your child has allergies or asthma additional forms are required and need to be completed by your doctor, then submitted with this physical form.**

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

===========================================================================================================================================================

**PHYSICAL EXAM**

Height (inches)\_\_\_\_\_\_\_ Weight (lbs) \_\_\_\_\_\_\_\_ General Appearance: ❒ Healthy ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Posture: ❒ Normal ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nutrition : ❒ Good ❒ Fair ❒ Poor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skin: ❒ Normal ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nose & Throat ❒ Normal ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyes & Ears ❒ Normal ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tonsils & Glands ❒ Normal ❒Other \_\_\_\_\_\_\_\_\_\_\_Heart & Lungs ❒ Normal ❒Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Abdomen ❒ Normal ❒Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feet: ❒ Normal ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Genitals: ❒ Normal ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision: R \_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_ ❒ Wears Glasses ❒ No Glasses Hearing: R \_\_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_\_  
Pertinent Family History**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations or Injuries**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF EXAMINING PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHYSICIAN SIGNITURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: BIRTH CERTIFICATE, KINDERGARTEN PHYSICAL AND IMMUNIZATION RECORDS ARE REQUIRED FOR KINDERGARTEN REGISTRATION/ENROLLMENT**