



Preschool - 5th Grade
Physical Examination Form

Student Name	
Birthdate	
Grade	
Parent/ Guardian Name	
Street Address	
City, State Zip	
School of Attendance	

Health Information * Lead and Vision Screening are required for all Kindergartners

Height	Weight	Blood Pressure	Lead Screening	Vision
				R 20/ L 20/ Both 20/

Significant Health History

	Yes/No	Comment		Yes/No	Comment
Allergy to Food			Diabetes		
Allergy to Medication			Frequent Ear Infections		
Other Allergies			Asthma		
Bleeding Disorder			Cardiac Concerns		
Chicken Pox			Frequent Throat Infections		
Concussion			Cancer		
Meningitis			Mono		

Physical Examination

Physician Comments/ Health Concerns

X= Normal or Negative	Comments
	Appearance
	Nutrition
	Neurological
	Speech Defect
	Hair and Scalp
	Nose
	Ears
	Throat
	Thyroid
	Heart
	Lungs
	Skin
	Gastrointestinal
	Mouth/ Dental
	Musculoskeletal
	Spinal Examination
	Other

Allergies
Surgeries
Medications
Developmental Concerns
Physical Education Restrictions
Health Related Anatomical Restrictions
Special Health Needs/ Additional Comments

Physician's Signature

Date of Exam