

## Kindergarten Physical Examination Record

A physician-signed physical, **including eye exam**, is required for all kindergarten students before entering school. Immunizations must be current and a copy of the student's immunization record or immunization waiver form must be attached.

**All immunizations must be current in order for your child to begin the school year.**

Student Name:	Grade:
Date of Birth:	Parent's Name and Phone Number:

### To be completed by a physician

Please list any health problems: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vision Acuity:** Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_ Does your child wear glasses? \_\_\_\_\_

#### History:

List all allergies: \_\_\_\_\_

List any medication this child is currently taking: \_\_\_\_\_

List any restrictions of activity: \_\_\_\_\_

List any special needs this child may have: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_