

**PHYSICAL EVALUATION* FOR
KINDERGARTEN/ PRESCHOOL REGISTRATION**

Child's Name _____ Birth date _____

Address _____ Sex M F Date of Exam _____

IMMUNIZATIONS: *Children entering Kindergarten/ Preschool must meet the following requirements: *Must be filled out by physician.*

DPT – 4 DOSES, 1 given on or after the 4th birthday or any 5 doses

POLIO – 3 DOSES, ONE DOSE, 1 given on or after the 4th birthday or any 4 doses

MEASLES – TWO DOSES, RUBELLA and MUMPS – 1 DOSE of live vaccine

HEPATITIS B – 3 DOSES, VARICELLA – 1 DOSE on or after the 1st birthday

HIB – 3 DOSES, 1 given on or after the first birthday (preschool)

INFLUENZA – 1 DOSE ANNUALLY (preschool)

PNEUMOCOCCAL – 1 DOSE on or after the 1st birthday (pre-school)

DPT _____

DISEASE HISTORY:

Polio – Type _____

a. Communicable

Measles _____ Rubella _____ Mumps _____

Varicella _____ Influenza _____ Pneumococcal _____

Hepatitis B _____ HIB _____

Mantoux: Date _____ Results _____

Chest X-Ray _____ Medication _____

Height _____ Weight _____

Medical History

General Appearance _____

Posture _____ Throat _____

Skin _____ Heart _____

OPERATIONS

Nutrition _____ Lungs _____

Eyes _____ Hernia _____

INJURIES

Lymph Nodes _____

Disabilities _____

Orthopedic _____

COMMENTS

Physicians Name/Address _____ Signature _____

*A Physical Evaluation is required for entrance into Kindergarten/Preschool.

*All information must be supplied by a physician.