

**EDGEWATER PARK SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM**

MUST BE COMPLETED BY EXAMINING PHYSICIAN FOR KINDERGARTEN AND PRE-SCHOOL REGISTRATION. NO CHILD WILL BE OFFICIALLY REGISTERED UNTIL THE KINDERGARTEN AND PRE-SCHOOL PHYSICAL AND ALL IMMUNIZATIONS ARE COMPLETED.

NAME OF CHILD(LAST, FIRST, M.I.)_____

BIRTH DATE (MONTH, DAY, YEAR)_____

SEX ___FEMALE ___MALE

PARENT/GUARDIAN_____

ADDRESS_____

VACCINE TYPE	1 ST DOSE	2 ND DOSE	3 RD DOSE	4 TH DOSE	5 TH DOSE
DPT (DIPHTHERIA-PERTUSSIS-TETANUS)					
OPV/IVP (POLIO VACCINE)					
MMR (MEASLES-MUMPS-RUBELLA)					
HIB (HAEMOPHILUS -INFLUENZA-B)					
MANTOUX (PPD) (TB SKIN TEST)					
VARICELLA (CHICKEN POX VACCINE)					
PNEUMOCOCCAL					
HEPATITIS B					
INFLUENZA(SEASONAL)					

PHYSICAL EXAMINATION

DISEASE

AGE

DATE _____

ALLERGIES _____

HEIGHT _____

DRUG SENSITIVITIES _____

WEIGHT _____

LYME DISEASE _____

BP _____

HEPATITIS _____

POSTURE _____

NEUROMUSCLE _____

NOSE _____

ASTHMA _____

THROAT _____

CHICKEN POX _____

THYROID _____

CONVULSIVE _____

TEETH _____

DIABETES _____

HEART _____

HEART _____

LUNGS _____

OTITIS MEDIA _____

ABDOMEN _____

RHEUMATIC FEVER _____

HERNIA _____

STREP INFECTIONS _____

GENITALS _____

MONONUCLEOSIS _____

NERVOUS SYSTEM _____

OTHER _____

NUTRITION _____

SKIN _____

FEET _____

VISION: R _____ L _____

HEARING: R _____ L _____

GENERAL CONDITION _____

OPERATIONS:

SPECIAL CONDITIONS/DISABILITIES/MEDICATIONS:

FRACTURES/INJURIES:

ACTIVITY RESTRICTION:

PHYSICIAN(PRINT) _____ ADDRESS _____ PHONE# _____

PHYSICIAN SIGNATURE _____