

ERDMAN PRESCHOOL

PHYSICIAN'S EXAMINATION

Complete this form or provide a CURRENT (not older than one year from date of issue) physician's form which lists immunizations. The State requires that health forms be on file when your child starts school or summer camp.

**CHILD'S NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**NAME OF PHYSICIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**DATE OF EXAM** \_\_\_\_\_

**PHYSICAL EXAM**

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

Nutrition \_\_\_\_\_

Posture \_\_\_\_\_

Skin \_\_\_\_\_

Pilonidal Sinus? \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Mouth \_\_\_\_\_

Teeth \_\_\_\_\_

Pharynx \_\_\_\_\_

Thyroid \_\_\_\_\_

Lymph Glands \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Pulse \_\_\_\_\_

Abdomen \_\_\_\_\_

Hernia \_\_\_\_\_

Genitals \_\_\_\_\_

Skeleton \_\_\_\_\_

Feet \_\_\_\_\_

Reflexes \_\_\_\_\_

**Childhood Diseases and Operations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>IMMUNIZATIONS</b>	<b>DATES</b>
D.P.T. _____	_____
O.P.V. _____	_____
M.M.R. _____	_____
T.B. _____	_____
H.I.B. _____	_____
Hep B. _____	_____
Blood Lead (mandatory) _____	_____

<b>LABORATORY TESTS</b>		
<b>TEST</b>	<b>DATE</b>	<b>RESULT</b>
Tuberculin _____	_____	_____
Chest X-Ray _____	_____	_____
Hemoglobin _____	_____	_____

<b>URINALYSIS</b>	<b>DATE</b>
Specific Gravity _____	_____
Albumin _____	_____
Sugar _____	_____
Microscopic _____	_____

**ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_