

Kindergarten Physical Exam Form
Mary Welsh Elementary School, Williamsburg, IA

Name: _____ Gender: _____ Date of Birth: _____

Weight:	Height:	Lead Testing:	Vision: Lt: Rt:	Hearing:
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Does the examination reveal any abnormality?	Normal	Abnormal	Not Examined	Describe any abnormality
General appearance, posture & gait				
Speech/Language development				
Behavior during exam				
Skin				
Eyes: extraocular movements				
Ears: canal, tympanic membrane				
Nose, mouth, pharynx & tonsils				
Teeth				
Heart				
Lungs				
Abdomen				
Genitalia				
Extremities & feet				
Neurological				
Allergies				
Disability (diagnosed):				Treatment:

Medications: _____

Summary & Recommendations: _____

Signature of Physician or Health Care Provider

Date

Printed Physician Name & Address