

ST. MARY OF THE LAKES SCHOOL

**PRESCHOOL PHYSICAL EXAMINATION RECORD
(FOR NURSERY SCHOOL AND KINDERGARTEN STUDENTS)**

NAME _____ DATE OF BIRTH _____

EXAMINATION:

HEIGHT _____ WEIGHT _____ B/P _____

HEARING _____ VISION _____

HEART _____ LUNGS _____

ABDOMEN _____ HERNIA _____

LYMPH NODES _____ THYROID _____

SCOLIOSIS _____ GENITO-URINARY _____

ORTHOPEDIC _____ FEET _____

NOSE _____ THROAT _____

MOUTH/TEETH _____ SKIN _____

NERVOUS SYSTEM _____ SPEECH _____

IMMUNIZATIONS: (SPECIFIC DATES NEEDED)

D.P.T. SERIES AND BOOSTERS _____

POLIO, SERIES AND BOOSTER _____

M.M.R. AND BOOSTER _____

H.I.B. _____

T.B. TEST (TYPE, DATE AND RESULTS) _____

HEPATITIS B _____

VARICELLA _____

MEDICATIONS PRESENTLY PRESCRIBED: _____

(CONT'D)

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DISEASE HISTORY:

ALLERGIES _____ HEART DISEASE _____

CONGENITAL DEFECTS _____

EAR ACHES _____ EYE PROBLEMS _____

ASTHMA _____ CHICKENPOX _____

DIABETES _____ FRACTURES _____

STREP INFS _____ SCARLET FEVER _____

OPERATIONS _____ INJURIES _____

CONVULSIVE DIS. _____ HEADACHES _____

DRUG SENSITIVITIES _____

PHYSICIAN'S FINDINGS PERTINENT TO SCHOOL:

CLASSIFICATION OF PHYSICAL ACTIVITY _____

FULL ACADEMIC WORK PROGRAM _____

ANY OTHER HEALTH PROBLEMS _____

PHYSICIANS NAME _____

ADDRESS _____

SIGNATURE _____

DATE OF EXAMINATION _____

RETURN TO:

ST. MARY OF THE LAKES SCHOOL
196 ROUTE 70
MEDFORD, N.J. 08055