

NORTH GIBSON SCHOOL CORPORATION

KINDERGARTEN PHYSICAL EXAM & IMMUNIZATIONS

Directions: This form is to be completed by physician and returned to PCPS.

Child's Name _____ DOB _____

Parent/Legal Guardian Name _____

PHYSICAL EXAMINATION

IMMUNIZATION RECORD

Height _____ weight _____

DPT/TD 1. _____

Eyes _____

2. _____

Ears _____

3. _____

Nose _____

4. _____

Throat _____

5. _____

Lungs _____

POLIO 1. _____

Heart _____ B/P _____

2. _____

Posture _____

3. _____

Abdomen _____

4. _____

Hernia _____

MMR 1. _____

Urinalysis _____

2. _____

Other lab findings _____

HEPATITIS B 1. _____

Medication allergies _____

2. _____

Food Allergies _____

3. _____

Other issues/concerns: _____

HEPATITIS A 1. _____

2. _____

VARICELLA 1. _____

(vaccine or 2. _____
disease date)

HISTORY

Family history of diabetes _____ TB _____ (results if applicable) _____

Epilepsy/seizures _____

Surgery/Operations _____

Physician's signature

Date