

**KINGWOOD TOWNSHIP SCHOOL  
KINDERGARTEN HEALTH EXAMINATION RECORD**

**Parent to complete this section**

Student's Name: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Parent's Name: Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_

**Physician to Complete this section**

**A. HISTORY:**

Is there any significant health problems of which the school health personal should beware of?	YES	NO
Is there any past history of serious illness, injury, operations?	YES	NO
Is there any significant family history of inheritable disease?	YES	NO

**B. Physical Examination**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Visual ~ **check for Amblyopia:** Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_

Check the following if normal. **If abnormal, indicate and explain in detail to the side.**

Body System	Normal?	Abnormal findings?
HEAD	YES	
EYES	YES	
EARS	YES	
NOSE	YES	
MOUTH	YES	
DENITITION	YES	
THROAT	YES	
THROID	YES	
LUNGS	YES	
HEART	YES	
ABDOMEN	YES	
EXTREMITES	YES	
NEUROLOGIC	YES	
BACK	YES	
SKIN	YES	
NODES	YES	

**TURN PAGE OVER**

## Complete Immunization Record

Vaccine Type	Date of Disease	1 <sup>st</sup> Dose mo/day/year	2nd Dose mo/day/year	3rd Dose mo/day/year	4th Dose mo/day/year	5th Dose mo/day/year	BOOSTER
<b>Diphtheria, Tetanus, Pertussis (DTP)</b> (IF TD, Dtap or DT indicate in corner box)	////////						
<b>Polio (IPV)</b>	////////						
<b>Measles, Mumps, Rubella (MMR)</b>	////////						
<b>Measles</b>	////////				Measles Serology	Date:	Titer:
<b>Mumps</b>	////////				Rubella Serology	Date:	Titer:
<b>Rubella</b>	////////				Mumps Serology	Date:	Titer:
<b>Haemophilus B (Hib)</b>	////////						
<b>Hepatitis B</b>	////////						
<b>Pneumococcal Conjugate</b>	////////						
<b>Varicella</b>					Varicella Serology	Date:	Titer:
<b>Hepatitis A</b>	////////						
<b>Flu</b>	////////						

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### RECOMMENDATIONS

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**Date**

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**Examining Physician's Signature**

**Please print or stamp physician's name, Address and telephone number below.**

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