

## Central Lutheran School Preschool Health Exam form

Last Name	First Name	Middle	
Address	City	State	Zip
Birthdate _____	Age _____	Sex: M	F
Parent/Guardian Name _____	Telephone _____	Cell Phone _____	

### This section to be completed by Physician

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

	Normal	Abnormal Findings (please comment)
Eyes		
Ears, Nose & Throat		
Mouth & Teeth		
Neck		
Cardiovascular		
Chest & Lungs		
Abdomen		
Skin		
Genitals-Hernia		
Neurological		
Musculoskeletal		

Allergies \_\_\_\_\_

Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participating in classroom and physical activity. YES      NO

Explain any limitations: \_\_\_\_\_

This child has had the immunizations required by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. (Please note exemptions). YES      NO

Explain any limitations: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Examining Physician

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Telephone Number