



**Medical Examination Report**  
*(Confidential Report – This report to be returned directly to the school nurse)*

**Attach a copy of the current immunization record which states month, day, and year of all vaccines and TB tests received.**

Date of Exam \_\_\_\_\_ **ALL INFORMATION MUST BE FROM WITHIN PAST 12 MONTHS**

Student's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age on Exam \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Bp \_\_\_\_\_ Temp \_\_\_\_\_

Vision: Circle near or far tests; RT \_\_\_\_\_ LT \_\_\_\_\_ Both \_\_\_\_\_ Hearing: RT \_\_\_\_\_ LT \_\_\_\_\_

Physical Exam	Normal	Abnormal – comments / recommended follow-up
Eyes		
Ears, Nose & Throat		
Teeth/Gums		
Skin		
Cardiovascular		
Respiratory		
Abdomen		
Muscular Skeletal		
Genitalia		
Mental/Behavioral		

Laboratory tests (results): Date: \_\_\_\_\_ \*\*Hgb or Hct \_\_\_\_\_ Date: \_\_\_\_\_ UA results \_\_\_\_\_  
 Date: \_\_\_\_\_ \*\*Blood lead results \_\_\_\_\_  
 Date: \_\_\_\_\_ \*\*Sickle cell screen: \_\_\_ Negative \_\_\_ Sickle Trait \_\_\_ Sickle Cell Disease  
 Date: \_\_\_\_\_ \*\*Tb skin test, results \_\_\_ Negative \_\_\_ Positive

**\*\* Items are required for all preschool children**

Medical Conditions, complications, prescribed medications, comments, limitations, recommended follow-up (add additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete the Physical Exam above and check the appropriate box below for this child**

- I have examined the above mentioned child and found the child to be in good general health and capable of full participation in either an Early Childhood, Elementary, Middle, or Secondary Education program.
- I have examined the above mentioned child and found that due to a physical condition, the child is capable of participation in either an Early Childhood, Elementary, Middle, or Secondary Education program with some limitations.

Physician name \_\_\_\_\_ Address \_\_\_\_\_  
**PLEASE PRINT**

Physician signature \_\_\_\_\_ Phone \_\_\_\_\_