WEBER SCHOOL DISTRICT KINDERGARTEN
MEDICAL EXAMINATION REPORT

This information is for OFFICIAL USE ONLY and will not be released to unauthorized persons.

STUDENT'S NAME_____DOB_____DATE:_____

DEAR PARENT: Please complete the other side of this form prior to child's physical examination. We request that this completed form be **returned to the school at the time of registration.** A current immunization history is required before your child can enter school.

TO THE PHYSICIAN: PLEASE USE THIS FORM IN REPORTING THE MEDICAL EXAMINATION REQUESTED. **THE VISION SCREENING REQUIREMENT IS A STATE MANDATE.** THIS FORM WILL BE REVIEWED BY THE NURSE AND USED BY THE SCHOOLS.

PHYSICAL EXAM: Ht._____Wt._____**Vision R**_____**Vision L**_____Hgb. Or Hct._____ Ua._____

TB Skin Test(optional): Date Given_____Date Read_____Results_____

CHECK EACH ITEM:								
	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin			Chest, Lungs			Neurologic		
Head			Heart			Gross Motor Coord.		
Eyes			Abdomen			Fine Motor Coord.		
Ears			Orthopedic			Blood Pressure		
Nose			Extremities			Pulse		
Tonsils			Back-Posture					
Throat						Nutrition		
Dental								
Neck								

STATE LAW REQUIRES ALL IMMUNIZATION DATES FOR THE FOLLOWING;	1ST M / D / YR	2ND M / D / YR	3RD M / D / YR	4TH M / D / YR	5TH M / D / YR	6TH M / D / YR
DPT/DT – 4 doses, 5th dose required if 4th dose given prior to 4th birthday						
Polio- 4 doses - IPV, if the third dose of polio is given on/after the fourth birthday, a fourth dose is not needed.						
Haemophilus Influenzae b (Hib)						
Pneumococcal						
MMR - 2 doses after 1st birthday - 1 month intervals						
Hepatitis A. – 2 doses (both after 1st birthday)						
Hepatitis B. – 3 doses						
Varicella (Chicken Pox vaccine) 1 dose						
Date of Chicken Pox Disease:		Parent Signature:				

SIGNIFICANT HEALTH CONDITION_____
_____

MEDICATION:_____
_____

PHYSICAL FINDINGS & RECOMMENDATIONS:_____
_____

PHYSICIAN'S SIGNATURE_____DATE_____
Print or Stamp: Name: Address: