

**All God's Children
Medical Examination for Preschool Students**

Student's Legal Name _____

Preschool – 4s _____

Preschool – 3s _____

Address _____

Date of Birth _____ Sex: M F Doctor _____

Age at time of physical: years _____ months _____

Parent or Legal Guardian _____ Doctor's Phone Number _____

Please be sure to address all areas.

Hemoglobin/Hematocrit	Lead – Results _____ Date Done: _____	Height	Weight	Blood Pressure
Urinalysis: Sp. Gr. _____ Sugar _____ Micro _____	Vision Acuity Right _____ Left _____ Both _____	Hearing Acuity Right _____ Left _____ Both _____	Medications	Immunizations Up to date: Yes No List any given today:

Does the examination reveal any abnormality?	Normal	Abnormal	Not Examined	Describe fully any abnormal findings.
General Appearance, Posture, Gait				
Speech/Language Development				
Behavior during examination				
Skin				
Eye (Extra ocular Movements)				
Ears (Canal, Tympanic Membrane)				
Nose, Mouth, Pharynx				
Throat, Tonsils, Glands				
Heart				
Lungs				
Abdomen (including Hernias)				
Genitalia				
Extremities, feet				
Neurological findings				
Nutrition				
Developmental Screening				
Teeth				

Disability (diagnosed)	Treatment
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Allergies

Recommendations/Restrictions _____

Full activity: Yes _____ No _____ Printed Name of Physician _____

Signature of Physician _____ Date of Examination _____