Little Silver Schools
Little Silver, NJ

KINDERGARTEN PHYSICIAN'S EXAMINATION FORM

Incoming kindergarten students are required to have a physical exam within 365 days of entering kindergarten. The exam must state what, if any, modifications are required for full participation in the school program. Please return this completed form to the Point Road School office by July 2.

Child's Name_____ Date of Birth_____

Address _____ Phone: _____

History and date of serious illness, injury, surgery, etc. _____

Does child require any of the following (please check all that apply): glasses _____ hearing aid _____
Corrective shoes _____ other_____

Is child presently taking any prescribed medication? If so, please explain: _____

Physical examination: WT _____ HT _____ BP _____ Heart _____ Lungs _____
Eyes _____ Ears _____ Nose _____ Throat _____ Skin _____
Orthopedic _____ Abdomen _____ Speech _____ Lymph nodes _____
General appearance _____

History (give dates where applicable): Asthma _____ Allergies (type) _____
Chicken Pox _____ Drug allergies _____ Hernia _____
Lyme disease _____ Meningitis _____ Mononucleosis _____Pneumonia_____
Seizure disorder _____ Strep _____Other _____

The following vaccines are REQUIRED. Please supply **month, day, and year.** (A copy of immunization record may be attached)

DPT: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
(Minimum 4 doses of DPT required-one must be given after age 4)

OPV or IPV (indicate which)**:** (1) _____ (2) _____ (3) _____ (4) _____
(Any 4 doses or 3 doses if one is given after age 4)

MMR (Measles, Mumps, Rubella)**:** _____ _____
(2 doses after age 1) (1) (2)

Hepatitis B: _____ _____ _____
(1) (2) (3)

HIB: _____ _____ _____ _____
(one dose after 1st birthday)
(1) (2) (3) (4)

Varicella: (one dose after age 1 or proof of disease immunity) _____

OPTIONAL:

Hepatitis A: (1) _____ (2) _____

Mantoux Tuberculin test: Date: _____ Result: _____

DATE OF EXAMINATION: _____

SIGNATURE OF PHYSICIAN/CNP: _____

PRINTED NAME OF PHYSICIAN/CNP: _____

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