

KINDERGARTEN
SCHOOL HEALTH EXAMINATION

Dear Doctor,

Name: _____ Phone: _____ Date: _____

Is referred to you for a health examination. He/She will be attending Dixie Montessori Academy. Would you kindly complete the form below with your finding and recommendations in order that we may complete the child's health record.

Birth Date _____

Height _____

Weight _____

Nutrition _____

Skin and Scalp _____

Neck:

 Cervical Glands _____

Thyroid _____ Eyes:

 Vision R _____/_____

 Vision L _____/_____

Ear Drums _____

Nose _____

Throat _____

Heart _____

Lung _____

Orthopedic _____

Neurological _____

Abdomen _____

Genito-Urinary _____

Urine:

 Albumin _____

 Sugar _____

 P.H. _____

Findings and recommendations:

Doctor _____

Code: Normal - 0 Needs Medical Attention - XX

 Watch - X Urgent - XXX

It is recommended that your child visit his/her dentist before entering school.