

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 _____

Ear Drums _____

Height _____

Nose _____

Weight _____

Throat _____

Nutrition _____

Heart _____

Skin and Scalp _____

Lung _____

Neck:

Orthopedic _____

Cervical Glands _____

Neurological _____

Thyroid _____

Abdomen _____

Eyes:

Genito-Urinary _____

Vision R _____/_____

Urine:

Vision L _____/_____

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.