College Community Schools
Medical Examination for Preschool/AK/Kindergarten Students

Student's Legal Name _____ Prairie Crest _____
Prairie Heights _____
Address _____ Prairie Hill _____
Prairie Ridge _____
Date of Birth _____ **Sex:** M F Prairie View _____
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**

Allergies

Recommendations/Restrictions _____

_____

Full activity: Yes____ No____ Printed Name of Physician _____

Signature of Physician _____ Date of Examination _____