

Kaukauna Area School District
Kindergarten Student Health Examination Form

Student Name _____ D.O.B. _____

School _____ Date of Exam _____

Please have the Physician/Nurse Practitioner complete the following:

Height _____ Weight _____ B.M.I. _____ B/P _____

	Within normal limits			Within normal limits	
	Yes	No		Yes	No
Skin			Heart		
Eyes			Lungs		
Vision			Abdomen		
Ears			Back		
Hearing			Extremities		
Nose and throat			Nutrition		
Mouth			Optional:		
Dental			T.B. screen		
Neck			Lead screen		

Comments _____

Immunizations up to date yes / no

List immunizations given at this exam _____

Allergies (list specific) _____

If child has allergies, is an Epi-Pen required yes / no

If child has a dairy intolerance, is a hot lunch milk substitute required yes / no

Is child on any routine medication? Yes / no Please explain

Do you wish to see this child again? Yes / no When _____

Are you referring this child to another professional? Yes / no

If so whom? _____

Over

Recommendation for child's school program

Does this child have any specific health needs which should be addressed during the school day?

Yes / no Please explain _____

Does this child have any restrictions for physical education? Yes / no

Please explain _____

Other comments or recommendations _____

Signature of Physician / Nurse Practitioner

Date

Please send completed exam form to:

Mary Sundelius, R.N./School Nurse
Dr. H.B. Tanner Elementary School
2500 Fieldcrest Drive
Kaukauna, WI 54130