

Kindergarten Physical Exam Form

Rochester Community School Corporation

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____

Physician's Examination

Date of Exam: _____ Height: _____ Weight: _____

Temperature: _____ Pulse: _____ Blood Pressure: _____

Ears _____

Abdomen _____

Nose _____

Scalp _____

Throat _____

Skin _____

Heart _____

Posture _____

Lungs _____

Allergies: _____

Significant Medical History: _____

Medications: _____

Activity Restrictions:

Comments: _____

Physician's Signature: _____

Information obtained from this form is protected health information and HIPAA/FERPA disclosure guidelines will be strictly followed.