



# North Adams Community Schools

625 Stadium Dr.  
Decatur, IN 46733

*Excellence: Teach it, Model it, Inspire it, Achieve it!*

## KINDERGARTEN MEDICAL EXAMINATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Physician's Examination \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal

Height \_\_\_\_\_ Weight \_\_\_\_\_

B/P \_\_\_\_\_ Temp \_\_\_\_\_

HEENT \_\_\_\_\_ Ears Rt \_\_\_\_\_ Lt \_\_\_\_\_

Heart \_\_\_\_\_ Respiratory \_\_\_\_\_

Abdomen \_\_\_\_\_ Neuromuscular System \_\_\_\_\_

Genitalia & Hernia \_\_\_\_\_ Skin & Glands \_\_\_\_\_

Posture & Spine \_\_\_\_\_ Nutrition \_\_\_\_\_

Other \_\_\_\_\_

General Condition Good \_\_\_\_\_ Poor \_\_\_\_\_

Recommendation & Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**TO PARENTS: THIS FORM IS TO BE COMPLETED BY YOUR PHYSICIAN AND RETURNED TO THE SCHOOL NURSE.**

A physical examination is recommended before enrolling your child in kindergarten. Please contact your physician to schedule your child's physical exam.