

**GRANDVIEW HEIGHTS CITY SCHOOLS
KINDERGARTEN PHYSICAL EXAM REPORT
2010-2011**

Student's Name _____ DOB _____ Male _____
Female _____

Height _____ Weight _____ BP _____

SCREENING TESTS

Distance Acuity R _____ L _____ Not Done _____

Muscle Balance @Near	Pass	Fail	Not Done
Muscle Balance @Distance	Pass	Fail	Not Done
Color	Pass	Fail	Not Done
Was the child tested with glasses on?		Yes	No
Hearing (right)	Pass	Fail	Not Done
Hearing (left)	Pass	Fail	Not Done

PHYSICAL EXAM

Essentially Normal _____ Abnormalities as follows:

IMMUNIZATIONS

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
DPT					
Hepatitis B					
Polio					
Varicella					
MMR					
HiB*					
Pneumococcal PVC*					
Other					

* not required

Physician's Name _____

Physician's Signature _____

Date of Exam _____

Phone _____