ST. LOUIS
CATHOLIC SCHOOL

19/20 KINDERGARTEN/NEW STUDENT PHYSICAL EXAMINATION

Date:_____

A physical examination is required for each incoming Kindergarten or new student.
Immunizations must be up to date. Please have the physician complete this form.

Student Name:_____Birthdate:_____

Parents:_____

Address:_____

Home/Cell/Work Phone: _____

Significant Past Medical History: ☐ Yes ☐ No Please explain: _____

_____

Current Medical Problems/Medications:_____

_____

Allergies: ☐ Yes ☐ No Please explain: _____

_____

Dietary Restrictions: ☐ Yes ☐ No Please explain: _____

_____

Developmental Concerns: ☐ Yes ☐ No Please explain:_____

_____

Previous/Current OT/PT, Speech Therapy? ☐ Yes ☐ No Please explain:_____

_____

Height: _____ Weight:_____ B/P: _____

Visual Acuity: Right 20/ _____ Left 20/_____

Hearing: Right 15/_____ Left 15/_____

PHYSICAL EXAMINATION ☐ ***Normal*** ☐ ***Normal except as noted below***

Note significant abnormalities:_____

_____

Printed Name of Physician:_____ Phone:_____

Physician Signature:_____ Date:_____

DENTAL EXAMINATION ☐ **Normal** ☐ **Normal except as noted below**

Note significant abnormalities:_____

_____

_____

Printed Name of Dentist:_____ Phone: _____

Dentist Signature:_____ Date:_____

IMMUNIZATION HISTORY (Required by State Law)
Please bring a copy to your Doctor to be sure child is up to date.

Kindergarten Requirements for Immunizations are as follows:

3 Hepatitis B	2 MMR
5 DTAP	2 Varicella
4 Polio	2 Hepatitis A

Please send an updated immunization record and physical form to school office by the first day of school. These are required to attend school. *Margaret Mary Occupational Health and Wellness Center* is by appointment only. Appointments can be made by calling 812-934-5105.