

SCHOOL MEDICAL RECORD/PHYSICAL (Kindergarten ONLY)

(To be completed by a Physician)

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

The following are required for a child entering school for the first time:

Physical which is within the calendar year of entrance to school.

DPT – 4 doses (If 4th dose given before 4th birthday, a 5th dose must be given)

POLIO – 3 doses of IVP or 3 doses of OPV. 4 doses are required if a combination of IPV and OPV were received.

In all cases, the final dose must be on or after the 4th birthday.

VARICELLA – 2 doses

HEPATITIS B – 3 doses

MMR (Measles, Mumps, Rubella) – 1 dose administered after 1st birthday

2nd dose administered before entrance to kindergarten

DPT	POLIO	MMR	VARICELLA
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	HEPATITIS B	OTHER
4.	4.	1.	1.
5.		2.	2.
		3.	3.

PHYSICAL EXAMINATION

Skin _____ Teeth _____

Tonsils and Adenoids _____

Heart _____

Lungs _____

Glands _____ Hernia _____

PHYSICIAN'S REPORT OF HEALTH FINDINGS – Check one

_____ entirely within normal limits _____ Abnormalities or problems

List any restrictions: _____

_____ Date

_____ Signature of Examining Physician