**HARLAN CHRISTIAN SCHOOL**
**17108 State Road 37**
**Harlan, IN 46743**
**260-657-5147**
**www.harlanchristian.org**

# KINDERGARTEN PHYSICAL FORM

**School Year:** _____

**Due in office by August 1**

## TO BE COMPLETED BY PARENT:

| STUDENT'S LEGAL NAME | NAME OF PARENTS/GUARDIAN | | DATE OF BIRTH |
|---|---|---|---|
| ADDRESS | HOME TELEPHONE | | TODAY'S DATE |
| CITY, STATE & ZIP CODE | | | AGE OF STUDENT |

## TO BE COMPLETED BY PHYSICIAN:

**PHYSICAL EXAMINATION:**

Height_____ Weight_____ Blood Pressure_____ Pulse_____

| | | | |
|---|---|---|---|
| Neurological | | Skin | |
| Emotional Stability | | Abdomen | |
| Hernia/Genitalia | | Posture | |
| Extremities | | Heart | |
| Lungs | | Teeth/Mouth | |
| Nose/Sinus | | Speech | |
| Throat | | Glands/Thyroid | |
| Tonsils/Adenoids Enlarged Normal Removed | | | |

| **EARS:** | Right Ear | Left Ear |
|---|---|---|
| Wax Problems | | |
| Tympanic Membrane | | |
| Chronic Infections | | |
| Hearing Loss | | |
| Wears Aid | | |

| **EYES:** | Right Eye | Left Eye |
|---|---|---|
| Vision | 20/ | 20/ |
| Appearance | | |
| Abnormality | | |
| Glasses | Contacts | |

**MEDICAL HISTORY:**

| | |
|---|---|
| Allergies | |
| Asthma | |
| Seizures | |
| Bladder | |
| Epilepsy | |
| Diabetes | |
| Handicaps or Restrictions | |
| ADD/ADHD Medications | |
| Other | |
| Routine medicines taken by student | |

Cleared for school_____ Cleared for Physical Education_____

Physician's Comments_____

**Physician's Signature**_____ Date_____

Printed name, address and phone number of physician_____