



Benton School District

41 Alma St. P.O. Box 7
Benton, WI 53803
P. 608-759-4002
F. 608-759-38055

KINDERGARTEN PHYSICAL EXAMINATION

Name of Pupil _____ School _____ Grade _____

Parent's Name _____ Address _____ Phone _____

Immunization given today: _____

Height: _____ Weight: _____

Heart: _____ Throat: _____

Lungs: _____ Teeth: _____

Blood Pressure: _____ Abdomen: _____

Skin: _____ Genitalia: _____

Eyes: _____ Hernia: _____

Ears: _____ Urinalysis: _____

Nose: _____

Date	Vision	Hearing	Comments
	Rt. 20/ Lt. 20/	Audio: Tymp:	

Please indicate, for purposes of follow-up, need for any specific medical, dental, psychiatric, or surgical care, including immunizations. _____

Should the child be seen again at a specific time? _____ If yes, how soon? _____

Signature of Physician

Date

Please return this form to the school nurse the first week of school.

Child's Name

Date of Birth

Immunization History

Vaccine Type	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DPT/DtaP/Td					
Polio					
M-M-R			***	***	***
Hepatitis B					***
Varicella			***	***	***
Other					

Past Illnesses (please supply dates)

Frequent Colds_____

Frequent Sore Throats_____

Sinusitis_____

Abscessed Ears_____

Ear Aches_____

Bronchitis_____

Asthma_____

Allergies_____

Stomach Upsets_____

Kidney Trouble_____

Heart Trouble_____

Rheumatic Fever_____

Ivy Poisoning_____

Convulsions_____

Tuberculosis_____

Diabetes_____

Other_____

Operations or serious injuries_____

DISEASES (GIVE DATE)

Chicken Pox_____

German Measles (3 day)_____

Measles (Red)_____

Scarlet Fever_____

Whooping Cough (Pertussis)_____

Mumps_____

Other_____