The Center for Creativity, Innovation and Discovery

KINDERGARTEN PHYSICAL EXAMINATION RECORD

A physician-signed physical, **including eye exam**, is required for all kindergarten students before entering school**. Immunizations must be current and a copy of the student's immunization record or immunization waiver form must be attached**.

All immunization must be current in order for your child to begin the school year.

Student Name:	Grade Entering: Kindergarten
Date of Birth:	Parent's Name and Phone Number:

Please list any medical conditions: _____

_____

Height: _____ Weight: _____

Vision:
Right eye: _____ Left eye: _____ Does this child wear glasses? _____

History:
List all allergies: _____

List any medications this child is currently taking: _____

List any restrictions of activity: _____

List any special needs this child may have: _____

Recommendations: _____

_____ _____
Signature of Physician Date of Exam