

**JESUP COMMUNITY SCHOOLS  
PRESCHOOL, PRE-KINDERGARTEN & KINDERGARTEN PHYSICAL FORM**

Student Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Family Doctor \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

Conditions that would alter school performance \_\_\_\_\_

**PHYSICAL EXAMINATION**

Date of Visit \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

|                    |  |
|--------------------|--|
| General Appearance |  |
| Posture            |  |
| Nutrition          |  |
| Skin               |  |
| Feet               |  |
| Nose/Throat        |  |
| Eyes/Ears          |  |
| Vision             |  |
| Tonsils/Glands     |  |
| Head/Lungs         |  |
| Abdomen            |  |
| Genitals           |  |
| Other              |  |

|                     |  |
|---------------------|--|
| Urinalysis          |  |
|                     |  |
| Blood Count         |  |
|                     |  |
| Immunizations given |  |
|                     |  |
|                     |  |

Comments \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_