

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Kindergarten Physical Form

Highly recommended

Student will attend:

- Cedar Creek Community School
- East Bethel Community School
- St. Francis Elementary School

Student Legal Name _____ Male Female _____
Birth Date _____

GENERAL HEALTH STATUS (physical, developmental, emotional):

Last dental exam: _____

Allergies: _____

REVIEW OF SYSTEMS

| | |
|------------------|-------|
| Head | _____ |
| EENT | _____ |
| Cardio-Resp | _____ |
| GI | _____ |
| GU | _____ |
| Musculo-skeletal | _____ |
| Neurological | _____ |
| Skin | _____ |

LABORATORY RESULTS Hgb: _____ U/A: _____ Other: _____

Height: _____ Weight: _____ Vision: _____ Hearing: _____ B/P: _____

MEDICATIONS

Medication: _____ Dose: _____ Times: _____

Needed for: _____

Is medication to be given at school? Yes No If yes, Administration of Medication Form must be completed.

Medication: _____ Dose: _____ Times: _____

Needed for: _____

Is medication to be given at school? Yes No If yes, Administration of Medication Form must be completed.

IMMUNIZATIONS List any immunizations given over the past two years: DTaP/DTP _____ OPV _____
(month/day/year) (month/day/year)

Hepatitis B _____ Hepatitis B _____ Hepatitis B _____ Varicella _____ MMR _____
(month/day/year) (month/day/year) (month/day/year) (month/day/year) (month/day/year)

HEALTH CLASSIFICATION FOR SCHOOL ACTIVITIES

- Student is able to participate in a regular school program, including all activities in the curriculum (physical education, club activities of an active nature, band, etc.) and also interscholastic athletic activities.
- Student is NOT able to participate in a regular school program. The following limitations exist (please specify and give recommendations): _____

Any explanation to the nurse in School Health Services with reference to items needing medical attention or health habits of the student will be gratefully appreciated.

Date Signature of Examining Physician M.D. Telephone Number