

HAMILTON HEIGHTS KINDERGARTEN PHYSICAL FORM

(Please return this form when it has been completed by your child's physician)

Indiana State Law requires all students enrolling in a school corporation to be immunized against Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Varicella, Hepatitis A and Hepatitis B. Our school corporation also recommends that your child have a complete physical examination before entering school.

Name of Child _____ Date of Birth _____ Sex _____

Address _____ Home Phone _____

Parent/Guardian Name _____

Mother's Work Phone # _____

Mother's Cell Phone # _____

Father's Work Phone # _____

Father's Cell Phone # _____

Physician's Name _____

Telephone _____

IMMUNIZATION RECORD

Diphtheria/Pertussis/Tetanus #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
(DPT or DTaP or DT)

Polio (OPV or IPV) #1 _____ #2 _____ #3 _____ #4 _____

Measles/Mumps/Rubella #1 _____ #2 _____ **Hepatitis A** #1 _____ #2 _____
(MMR)

Hepatitis B #1 _____ #2 _____ #3 _____

Varicella (Vaccine) #1 _____ #2 _____ **Chicken Pox Disease** _____ (Date)

TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

HEIGHT _____ WEIGHT _____ BP _____ HR _____

Eyes _____

Ears _____

Visual Acuity R 20/ _____ L 20/ _____ (REQUIRED)

Hearing (gross) _____

Wears Glasses _____

Nose _____

Skin _____

Throat _____

Lymph _____

Mouth/Gums _____

Abdomen _____

Teeth _____

Orthopedic _____

Heart _____

Reflexes _____

Lungs _____

Genitalia/Hernia _____

Physically fit to participate in physical education program?

YES _____ NO _____

Competitive Sports?

YES _____ NO _____

Restrictions? _____ Please explain _____

Date of

Office

Physician's

Exam : _____

Phone: _____

Signature _____