

**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/Head	
Vision	
Tonsils/Glands	
Heart/Lungs	
Abdomen	
Genitals	
Other	

Urinalysis	
Blood Count	
Immunizations given	
Lead Test	

Comments _____

PHYSICIANS SIGNATURE _____ Date _____