

**GREENWICH CENTRAL SCHOOL
GREENWICH, NEW YORK 12834**

**Annual Physical Examination Form for Kindergarten Students
(TO BE COMPLETED BY THE PHYSICIAN)**

Please have your child examined by your family doctor BEFORE entering Kindergarten. This form may be sent to school by the physician or may be sent or brought to school at anytime BEFORE the child starts school.

ALL IMMUNIZATIONS MUST BE COMPLETED BEFORE SCHOOL STARTS IN SEPTEMBER AND PROOF SUBMITTED TO THE SCHOOL. THIS IS MANDATORY BY NEW YORK STATE LAW.

NAME: _____ **D.O.B.** _____ **DATE** _____

HEIGHT: _____ **WEIGHT:** _____ **B.P.** _____ **HR** _____

Is there a congenital or other chronic disorder? _____

If so, please describe: _____

VISION: OD _____ OS _____ WITH _____ WITHOUT _____ CORR. LENSES _____

EAR DRUMS & CANALS: _____

GLANDS: CERVICAL _____ THYROID _____ OTHER _____

NOSE: _____ **TONSILS:** _____

TEETH: CARIES _____ GUMS _____ ARTIFICIAL _____

HEART: _____

LUNGS: _____

HERNIA: TYPE: _____

ORTHOPEDIC DEFECTS:

1. Structural: _____

2. Posture: _____

3. Feet: _____

NERVOUS SYSTEM (Specify if Epilepsy): _____

(OVER)

ALLERGIES OR ASTHMA: _____
SKIN _____

EXAMINER'S DISCUSSION OF POSITIVE FINDINGS: _____

IMMUNIZATION HISTORY DATES:

OPV (Sabin)	1. _____	DT/DPT	1 _____
	2 _____		2 _____
	3 _____		3 _____
	4 _____		4 _____
	5 _____		5 _____

OPV (Other)

	1ST DOSE	2ND DOSE
MMR	_____	_____
REGULAR MEASLES	_____	_____
MUMPS	_____	_____
RUBELLA	_____	_____

TINE TEST(S) _____ **VARICELLA** _____

URINALYSIS: SUGAR _____ OTHER _____
PROTEIN _____

H.I. B. _____

HEPATITIS B _____

M.D. Signature or Stamp **

**Please stamp or write legibly