



**Northridge Local School District
Preschool Physical Form**

To be completed by the Physician

Child's Name: _____ Date of Birth _____

Date of Exam: _____

Gender: Male Female

Physical Assessment

Physical Exam: WNL Abnormal (please list below)

Physical Exam Abnormalities, Limitations or Health Conditions (include allergies, medications, dietary restriction)

	Date	Result
Height		
Weight		
BMI		

Blood Pressure		
Het/Hgh		
Lead Level		
<i>Indicate Pass or Fail</i>		
Hearing		P F
Vision		P F

Physical Examination	Normal	Abnormal	Not Evaluated
General Appearance			
Posture, Gait			
Speech			
Head			
Skin			
Eyes			
Ears			
Nose, Mouth, Pharynx			
Teeth			
Heart			
Lungs			
Genitalia			
Bones, Joints, Muscles			
Neurological/Social			
Gross Motor			
Fine Motor			
Communication			
Cognitive			
Self-Help Skills			

Other			
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Immunizations

Complete for Age <input type="checkbox"/> Yes <input type="checkbox"/> No	In Process <input type="checkbox"/> Yes	Disease History <input type="checkbox"/> Yes	Exempt <input type="checkbox"/> Yes
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This child has been examined and is in suitable condition to participate in preschool.

Physician/Physician Assistant/Nurse Practitioner

Date of Exam

Address

Phone

*****PLEASE ATTACH A SIGNED CURRENT IMMUNIZATION RECORD.**

**Return to:
Northridge Preschool
6097 Johnstown Utica Road
Johnstown, OH 43031
Attention: Jamie Bingham
Fax Number: (740) 967-5022**