



PHYSICIAN'S REPORT for KINDERGARTEN

Note: Complete this form to enroll a child in Kindergarten.

Student's Legal Name: _____
[First] [Preferred] [Middle] [Last]

Student's Birth Date: ____ / ____ / ____ Age: ____ Gender: - Male - Female

PHYSICAL EXAMINATION

Exam Date: ____ / ____ / ____

- Essentially normal - Other (Please explain): _____

- Is the child able to fully participate in the following?

Classroom & academic activities? Yes No

Physical education classes? Yes No

If limitations are advised, please specify: _____

IMMUNIZATION RECORD

Please attach a copy of the child's immunization record

PHYSICIAN INFORMATION

Please print or stamp

Physician's Name: _____ Physician's Signature: _____

Address: _____

City/State/Zip: _____

Phone: _____ Date Signed: _____

GINA Compliance Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproduction services. Thank you for your cooperation.

