



# MANOR CHURCH PRESCHOOL PHYSICAL FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Medicine Taken Regularly \_\_\_\_\_

Conditions which could affect school activities \_\_\_\_\_

**PARENTS: Please complete the above area before taking to the doctor's office.**

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Please check if your child has had the following illness:

1. Allergies       No    Yes

To Medication \_\_\_\_\_ to Foods \_\_\_\_\_ Latex \_\_\_\_\_

Expected Reaction \_\_\_\_\_

2. Asthma       No    Yes   Medication Name \_\_\_\_\_

3. Chicken Pox       No    Yes   Disease Date \_\_\_\_\_

4. Diabetes       No    Yes

5. Ear Infections       No    Yes

6. Ear Tubes       No    Yes   Date \_\_\_\_\_

Still in place? \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

7. Pneumonia       No    Yes   Date \_\_\_\_\_ Hospitalized? \_\_\_\_\_

8. Tonsillitis       No    Yes   \_\_\_\_\_

~OVER~

## PHYSICAL EXAM

Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_ Hbg \_\_\_\_\_ UA \_\_\_\_\_ Lead \_\_\_\_\_

General Appearance:  Healthy  Other \_\_\_\_\_

Posture:  Normal  Other \_\_\_\_\_

Nutrition:  Good  Fair  Poor \_\_\_\_\_

Nose & Throat:  Normal  Other \_\_\_\_\_

Eyes & Ears:  Normal  Other \_\_\_\_\_

Tonsils & Glands:  Normal  Other \_\_\_\_\_

Heart & Lungs:  Normal  Other \_\_\_\_\_

Abdomen:  Normal  Other \_\_\_\_\_

### Pertinent Family History:

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### Operations or Injuries:

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EXAMINED BY: \_\_\_\_\_

DATE: \_\_\_\_\_