

EARLY CHILDHOOD, EARLY KINDERGARTEN AND KINDERGARTEN SCHOOL MEDICAL REPORT

Ballard Community Schools
Ballard West Elementary, 105 East Main, Slater, IA

Student's Last Name First Name MI DOB Grade

Name of Parent or Guardian Address Phone #

ILLNESS

(Indicate date of illness or age at time of diagnosis)

Allergy (to what) _____ Rubeola _____

Chicken Pox _____ Mumps _____

Diabetes _____ Rheumatic Fever _____

Epilepsy _____ Tuberculosis _____

Rubella _____ Whooping Cough _____

Other illness and/or surgery:

PHYSICAL EXAM (To be completed by a physician)

√ = Normal or negative

Appearance _____ Ears _____ Hernia _____

Posture _____ Nose _____ Back _____

Nutrition _____ Throat _____ Extremities _____

Development _____ Lymph Nodes _____ Blood Pressure _____

Neurological _____ Thyroid _____ Urine Analysis _____

Speech Defect _____ Heart _____ Hemoglobin _____

Skin _____ Lungs _____ Height _____

Hair & Scalp _____ Abdomen _____ Weight _____

Eyes & Vision _____ Genitalia _____ Other _____

TB Test _____ Lead Level _____

Chronic Disease: _____ Medication _____

Comments/Recommendations: _____

Exam Date _____ Physician's Signature (required) _____