

Seymour Community Schools
Health Examination Record – PK, K, new students ONLY
(to be filled out by physician)

2022-
2023

Date of Exam _____ Child's Name _____

Birth date _____ Height _____ Weight _____

ALLERGIES: _____

General Appearance _____ Posture _____

Nutrition _____ Skin _____

Feet _____ Nose & Throat _____

Eyes & Ears _____ Tonsils _____

Heart & Lungs _____ Abdomen _____

Genitals _____ Urinalysis _____

Blood Pressure _____

Vision – With Glasses: Right ____ Left ____ Without Glasses: Right ____ Left ____

Coordination -- Gross: Good ____ Poor ____ Fine: Good ____ Poor ____

Balance: Good ____ Poor ____

Hyperactive during exam? Yes ____ No ____ Cooperated during exam? Yes ____ No ____

Takes directions well? Yes ____ No ____ Do you recommend a referral? Yes ____ No ____

If yes, what kind? _____

Immunizations given at this exam:

Lead testing complete/Any additional comments:

SIGNATURE of Examining Physician: _____