



Promontory School of Expeditionary Learning  
**Please print and return when completed.**

## KINDERGARTEN MEDICAL EXAMINATION

**Report for Promontory School of Expeditionary Learning School District**  
*(To be filled out by child's physician prior to enrollment into kindergarten.)*

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

To the physician: Please use this form in reporting the medical examination requested. The vision screening requirement is a state mandate. This form will be reviewed and used by the school for reporting purposes to the Utah State Office of Education (USOE).

Physical Exam:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision Right \_\_\_\_\_ Vision Left \_\_\_\_\_ Vision Both \_\_\_\_\_

Check Each Item:								
	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin			Neck			Dental		
Head			Back			Extremities		
Eyes			Posture			Neurologic		
Ears			Chest			Gross Motor Coordination		
Nose			Lung			Fine Motor Coordination		
Tonsils			Heart			Pulse		
Throat			Abdomen			Nutrition		

Significant Health Condition:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Print or Stamp)*

Name:

Address: