

Name _____
 (Last) (First) (Middle)

Birthdate _____ Gender _____ Grade _____ ID# _____

- Minnesota law mandates that all children participate in **Early Childhood Screening** prior to Kindergarten entrance. The required components are identified with an asterisk *.
- For further information, call (612) 668-0850.



Preschool – 5th Grade HEALTH EXAMINATION

* TYPE of VACCINE	1 st Dose MM/DD/YY	2 nd Dose MM/DD/YY	3 rd Dose MM/DD/YY	4 th Dose MM/DD/YY	5 th Dose MM/DD/YY
DTaP (Diphtheria, Pertussis, Tetanus)					
Td (Tetanus, Diphtheria booster)					
POLIO					
MMR (Measles, Mumps, Rubella)					
HEPATITIS B					
VARICELLA					
HIB (Haemophilus Influenza b)					
Other (specify)					

Legal Exemptions
on backside

OR Month/Year of
chickenpox disease: _____

* Height _____ ins. Weight _____ lbs. BMI _____ Blood Pressure _____/_____

* Vision R 20/____ L 20/____ Corrected: yes no

* Hearing: Normal Abnormal Hearing aid(s): yes no

	500 (25)dB	1000 (20)dB	2000 (20)dB	4000 (20)dB
Right				
Left				

	Date	Results
Hemoglobin/Hct		
Urinalysis		
Tuberculin (PPD)		mm
Chest x-ray		
Blood lead level		µg/dL

Allergies: _____

Physical Ed. restrictions: _____

There is a condition that may result in an emergency:

(if yes, elaborate below) yes no

There is a condition that may interfere with learning:

(if yes, elaborate below) yes no

Describe any abnormal findings or chronic conditions.

Health Concerns	Medication/Treatment/Referral Plan	Recommendations for School

Note: a separate form is required for all medications and treatments to be administered at school.

	Normal	Abnormal
Eyes		
cover test		
corneal reflection		
Ears		
Mouth – dental		
Throat		
Nose		
Lymph nodes		
Thyroid		
Heart		
Pulses		
Lungs		
Abdomen		
Hernia	<input type="checkbox"/> no	<input type="checkbox"/> yes
Genito-urinary		
Tanner staging (circle one) I, II, III, IV, V		
Musculoskeletal		
Spine		
Extremities		
Skin		
Neurological		
Nutritional status		
Emotional status		
Behavior		
Speech		

*** Developmental screening date:**

Areas screened	Screening tool used	Results
<input type="checkbox"/> Fine/gross motor	<input type="checkbox"/> MPSI	<input type="checkbox"/> Pass
<input type="checkbox"/> Cognition	<input type="checkbox"/> Denver II	<input type="checkbox"/> Refer to 348-TOTS
<input type="checkbox"/> Speech / language	<input type="checkbox"/> Ireton	<input type="checkbox"/> Areas of Concern:
<input type="checkbox"/> Social/emotional	<input type="checkbox"/> ASQ	
<input type="checkbox"/> Behavior	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Comments:

Signature and title of health care provider

Print name

Date of physical exam

Clinic name

Phone

Fax