

WALNUT RIDGE PRIMARY SCHOOL
PO BOX 190
VERNON, NJ 07462
973-764-2801 FAX 973-764-0066

MEDICAL APPRAISAL – KINDERGARTEN

NAME _____ BIRTHDATE _____ SEX _____

ADDRESS _____ PHONE _____

To the Physician:

In order to provide a school program geared to meet the individual needs of each child, it is necessary to have a report of a physical examination. Please indicate your findings on this form.

PHYSICAL FINDINGS:

General nutrition	Throat	Genito-urinary
Eyes & eyelids	Teeth	Posture
Ears	Tonsils	Feet
Nose	Speech	Gait
Mouth	Abdomen	Lungs
Heart	Hernia	Skin

Please list any medications this child is taking: _____

Recommendations and comments: _____

DPT BOOSTER – dose administered after 4th birthday (Date) _____

POLIO BOOSTER – dose administered after 4th birthday (Date) _____

MMR – 2nd dose administered (Date) _____

Hep B – 3 doses Date #1 _____ #2 _____ #3 _____

Varicella Vaccine Date _____ OR Varicella Disease Date _____

Physician Name: _____ Signature: _____

Address: _____

Phone: _____ Date: _____

PARENTAL/GUARDIAN CONSENT:

Consent is hereby given for this record to be sent to Walnut Ridge School.

Parent/Guardian Signature

Date

REMINDER: All information is to be completed and returned to the school. Your child will not receive teacher or bus information until all forms are completed and returned.