Jac-Cen-Del Kindergarten Physical and Dental Form

This form is to be completed by your doctor and dentist and returned to
Kara Huff, RN. 4544 N. US 421, Osgood, IN 47037 by August 6, 2024.

Student's Name _____ Date of Exam _____

History

Serious Injuries
Severe Illness _____
Seizures
Diabetes
ADHD _____

Surgeries _____
Hospitalizations _____
Allergies _____
Asthma _____
Other _____

Physical Exam

Height _____ Weight _____
Eyes: _____
Ears: _____
Nose: _____
Lungs: _____

Heart: _____
Posture: _____
Abdomen: _____
Throat: _____
Other: _____

Home Medications: *(If any medications are to be given at school, we must have a doctor's note.)*

Immunizations

Dtap 1 _____
2 _____
3 _____
4 _____
5 _____

Polio 1 _____
2 _____
3 _____
4 _____

Hep B 1 _____
2 _____
3 _____

Hep A 1 _____
2 _____

MMR 1 _____
2 _____

Varicella 1 _____
2 _____

Physician Signature: _____ Phone: _____

DENTAL EXAM: Date of Exam: _____

Dentist's Comments:

Dentist's Signature: _____