



General Health Examination

Return form to River Grove prior to the first day of entrance.

Kids needing medication administered at school and all incoming Kindergarten students need the form completed with a physician's signature. The form is recommended for others, but not required. Email to info@marineareaschool.org or FAX to 651-538-1022

Parent/Guardian: Complete this top portion

Name _____ (Last) _____ (First) _____ (Middle) M F Birth Date _____

Parent/Guardian Name(s) _____ Home Phone _____

Significant Past Health History or present illness: _____

Health History

	Yes	No	Remarks
Chronic Recurrent Illness			
Serious Injury (bone, joint, head)			
Hospitalizations/ER visits			
Asthma			
Diabetes			
Seizures			

	Yes	No	Remarks
Headaches			
Vision Impairment			
Hearing Impairment			
Kidneys			
Fainting			
Recurrent Skin Problem			
Other			

Physical Health Examination (examining practitioner to complete this section):

Vision: R 20/ _____ L 20/ _____ Corrected: Yes No Hearing by 20db audiometry: R _____ L _____

Height _____ in. Weight _____ lbs. BMI _____ % BMI _____ Blood Pressure _____ / _____

Allergies _____ Current medications _____

	Normal	Abnormal	Remarks
Eye			
cover test			
corneal reflection			
ENT			
Dental			
Heart			
Lungs			
Abdomen			

	Normal	Abnormal	Remarks
Genitourinary			
Skin			
Extremities			
Musculoskeletal			
Spine/scoliosis			
Nutritional status			
Emotional status			

Sports/Physical Education approved? Yes No Limitations: _____

School sports approved? Yes No Limitations: _____

Health Care Provider Signature _____ Print Name _____ Exam Date _____

Clinic Name _____ Phone _____ Fax # _____