

St. Mark's Presbyterian Preschool & Kindergarten

3809 E. Third Street, Tucson, AZ. 85716

PHYSICAL EXAMINATION AND HEALTH HISTORY

Child's Name _____ Birthdate _____
Address _____ Zip _____ Date _____

PHYSICAL EXAMINATION:

Weight _____	Height _____	Teeth _____
Eyes _____	Nose _____	Ears _____
Throat _____	Tonsils _____	Glands _____
B/P _____	Heart _____	Lungs _____
Abdomen _____	Skin _____	Feet _____
Allergies _____	_____	_____
Vision R _____	L _____	_____
Audio R _____	L _____	_____
Curvature _____	Posture _____	Nervous System _____
Nutrition _____	Hernia _____	Urine _____
Skin tests: Type, Date, Results: _____	_____	_____

MEDICAL-SURGICAL HISTORY:

Please give date of onset where possible:

Chicken Pox _____	Mumps _____	Whooping Cough _____
3-D Measles _____	Valley Fever _____	Tuberculosis _____
Reg. Measles _____	Inf. Hepatitis _____	Rh. Fever _____
Diabetes _____	Convulsive Disorder _____	

Parasitic Infections _____

Other Chronic or long-term illnesses _____

Surgical procedures _____

On Restricted Activity? (if yes, explain) _____

Special Recommendations _____

Is child allergic to food or other substances? Please name and procedure to follow if reaction occurs. _____

(over)

Is child unusually susceptible to infections? If so, what precautions need to be taken?

Is child subject to convulsions? What should be our procedure if one occurs?

DEVELOPMENTAL HISTORY:

Please give the age at which the following tasks were accomplished:

Rolled over both ways _____	Stood up alone _____
Sat up alone _____	Walked _____
Crawled _____	Talked _____
Toilet training started _____, completed _____	

Speech defects _____

*****IMMUNIZATIONS: Please fill out immunization records on Blue ADHS Card*****

Signature of Health Care Provider _____ Date _____