KINDERGARTEN/NEW STUDENT HEALTH RECORD ST. LOUIS CATHOLIC SCHOOL

17 St. Louis Place, Batesville, IN 47006, 812-934-3310

PHYSICAL E	XAMINATION	Date:	
	<u>-</u>	each incoming Kindergarter se have the physician com	
Student Name:			sirthdate:
Parents:			
Home/Cell/Wor	k Phone:		
			ain:
Current Medica	I Problems/Medicatio	ns:	
		olain:	
		Please explain:	
		No Please explain:	
Previous/Curre	nt OT/PT, Speech Th	erapy?	Please explain:
Height:	Weight:	B/P:	·····
Visual Acuity:	Right 20/	Left 20/	
Hearing:	Right 15/	Left 15/	

PLEASE COMPLETE OTHER SIDE

KINDERGARTEN/NEW STUDENT HEALTH RECORD

ST. LOUIS CATHOLIC SCHOOL

17 St. Louis Place, Batesville, IN 47006, 812-934-3310

PHYSICAL EXAMINATION Normal Normal except as noted below				
Note significant abnormalities:				
Printed Name of Physician:	Phone:			
Physician Signature:	Date:			
DENTAL EVAMINATION A	Jormal D. Normal avant as noted below			
DENTAL EXAMINATION Normal Normal except as noted below Note significant abnormalities:				
Printed Name of Dentist:	Phone:			
Dentist Signature:	Date:			
IMMUNIZATION HISTORY (Required by State Law) Please bring a copy to your Doctor to be sure child is up to date.				
Kindergarten Requirements for Immunizations are as follows:				
3 Hepatitis B 5 DTAP 2 Varicella 4 Polio 2 Hepatitis A Please send an updated immunization record and physical form to school office by the first day of school. These are required to attend school. Margaret Mary Health Wellness Clinic is by appointment only. Appointments can be made by calling 812-934-0699.				