



Kindergarten Medical Examination

Report for Voyage Academy Expeditionary Charter School

(To be filled out by child's physician prior to enrollment into kindergarten.)

Student's Name: _____ **DOB:** _____

Date: _____

To the physician: Please use this form in reporting the medical examination requested. The vision screening requirement is a state mandate. This form will be reviewed and used by the school for reporting purposes to the Utah State Office of Education (USOE).

Physical Exam:

Height: _____ Weight: _____ Vision Right: _____ Vision Left: _____ Vision Both: _____

Does this child wear? Glasses: _____ Hearing Aid: _____

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin:			Neck:			Dental:		
Head:			Back:			Extremities:		
Eyes:			Posture:			Neurologic:		
Ears:			Chest:			Gross Motor Coordination:		
Nose:			Lung:			Fine Motor Coordination:		
Tonsils:			Heart:			Pulse		
Throat:			Abdomen:			Nutrition		

Significant Health Condition: _____

Medication: _____

Comments: _____

Physician's Signature _____ <i>(Print or Stamp)</i> Name: Address:	Date: _____
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