



GOOD
FOUNDATIONS
ACADEMY

KINDERGARTEN Medical Examination

Report for Good Foundations Academy Charter School District
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 Utah State Office of Education (USOE).

Physical Exam:

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

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

Significant Health Condition:

Medication:

Comments:

Physician's Signature _____ Date _____

Print or Stamp: Name:
Address: