



PHYSICIAN'S REPORT for KINDERGARTEN | Page 1 of 2

Note: Complete this form only to enroll a child in Kindergarten.

Student's Legal Name: _____
[First] [Preferred] [Middle] [Last]

Student's Birth Date: ____/____/____ Age: _____ Gender: Male Female

PHYSICAL EXAMINATION

Exam Date: ____/____/____

Essentially normal Other (Please explain):

Is the child able to fully participate in the following?

Classroom & academic activities? Yes No

Physical education classes? Yes No

If limitations are advised, please specify: _____



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IMMUNIZATION RECORD

Please attach a copy of the child's immunization record or complete the following chart...

Type	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
*DPT					
Tdap					
OPV/IPV					
MMR					
Hepatitis B					
*Varicella					
HIB					

*** REQUIRED (Progressive Vaccines: Date indicates when it is required by Grade 12)**

PHYSICIAN INFORMATION

Please print or stamp

Physician's Name: _____

Physician's Signature: _____

Address: _____

City/State/Zip: _____

Phone: _____

Date Signed: _____

GINA Compliance Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproduction services. Thank you for your cooperation.

(FORM UPDATED 01/13)