

EAST KNOX LOCAL SCHOOL DISTRICT

KINDERGARTEN PHYSICAL ASSESSMENT (TO BE COMPLETED BY PHYSICIAN)

CHILD'S NAME: \_\_\_\_\_ GENDER: M F AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ETHNICITY: CAUCASIAN      AFRICAN AMERICAN      HISPANIC      ASIAN AMERICAN      OTHER

**OBJECTIVE DATA**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ B.P.: \_\_\_\_\_

**SCREENING TESTS**

|  |   |
|--|---|
| <p><b>VISION:</b> _____ DATE: _____</p> <p>DISTANCE ACUITY: RIGHT _____ LEFT _____</p> <p>MUSCLE BALANCE: PASS FAIL NOT DONE</p> <p>FARSIGHTEDNESS: PASS FAIL NOT DONE</p> <p>COLOR: PASS FAIL NOT DONE</p> <p>CHILD WEARS GLASSES? <b>Yes No</b></p> <p>TESTED WITH GLASSES? <b>Yes No</b></p> <p>REFERRAL MADE? <b>Yes No</b></p> <p>SPECIFY TEST/EQUIPMENT: _____</p> | <p><b>HEARING:</b> _____ DATE: _____</p> <p>PURE TONE TESTING: _____</p> <p>RIGHT EAR: PASS FAIL NOT DONE</p> <p>LEFT EAR: PASS FAIL NOT DONE</p> <p>CHILD WEARS HEARING AID? <b>Yes No</b></p> <p>TESTING WITH HEARING AIDS? <b>Yes No</b></p> <p>REFERRAL MADE? <b>Yes No</b></p> <p>OTHER TESTS (SPECIFY): _____</p> |
|--|---|

**SPEECH ASSESSMENT**

DATE: \_\_\_\_\_

- CHILD HAS NO DISCERNABLE SPEECH PROBLEM
  - CHILD HAS POSSIBLE PROBLEM WITH:     ARTICULATION     RHYTHM     VOICE     LANGUAGE
- SPEECH EVALUATION IS RECOMMENDED: **Yes No**

**LABORATORY TESTS**

- HEMOGLOBIN/HEMATOCRIT       URINE PROTEIN       URINE BLOOD       URINE GLUCOSE
- OTHER: \_\_\_\_\_

**PHYSICAL EXAMINATION**

DATE: \_\_\_\_\_

- THIS CHILD IS ESSENTIALLY WITHIN NORMAL LIMITS.
- THIS CHILD IS NOT WITHIN NORMAL LIMITS.  
EXPLAIN: \_\_\_\_\_

DOES THIS CHILD HAVE ANY PHYSICAL, DEVELOPMENTAL OR BEHAVIORAL PROBLEMS? SUGGEST SPECIAL PROGRAMS, PLACEMENT OR ATTENTION THAT THE SCHOOL CAN PROVIDE.

\_\_\_\_\_

**ACTIVITIES AND LIMITATIONS**

(CAN CHILD PARTICIPATE IN THE FOLLOWING ACTIVITIES?)

CLASSROOM AND ACADEMIC ACTIVITIES

YES

NO

PHYSICAL EDUCATION CLASSES

YES

NO

COMPETITIVE ATHLETICS

YES

NO

CONTACT AND COLLISION SPORTS

YES

NO

SPECIFY ANY LIMITATIONS: \_\_\_\_\_  
\_\_\_\_\_

IS THIS CHILD ON ANY MEDICATIONS?

YES

NO

LIST MEDICATION AND REASON FOR USE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EXAMINER'S PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_