Pre-K/Kindergarten Physical Assessment
Lonoke School District
Lonoke Primary School
800 Lincoln St.
(501)676-3839 Ph. (501)676-7215 Fax

This form must be completed by a physician

Student Name	Date of Birth	☐ Male ☐ Female		Race
Parent Name(s)				
Chronic Medical Condition(s) ☐ ADD/ADHD ☐ Asthma ☐ Autism ☐ Developmental Disorder ☐ Diabetes ☐ No diseases/disorders at this time ☐ Other: _____	Allergies:	Dietary Restrictions or Comments		
Medication(s):	Height _____ Inches Weight _____ lbs.	Blood Pressure _____/_____ Pulse _____ RR _____		

Physical Exam Area of Assessment	Within Normal Limits	Not Within Normal Limits	Comments and/or recommendations	Immunization Requirements: Check if Complete
SKIN: Color, Rash, Swelling, Hair, Nails				☐ DTaP 4 doses 1 dose after 4th birthday
EYES: Conjunctiva, Cornea, Pupils, Extraocular Movement				☐ Polio 4 doses 1 dose after 4th birthday
EARS: Pinnae, Canals, Tympanic, Membrane, Appearance				☐ MMR 2 doses
NOSE: Nares, Turbinates				☐ Hep B 3 doses
MOUTH: Tongue, Teeth, Oral Mucosa Tonsils, Pharynx				☐ Varicella 2 doses
NECK: Thyroid, Range of Motion				☐ Hep A 1 dose
LYMPH NODES: Cervical, Axillary, Inguinal, Other				Student is deficient and need: _____ _____
HEART: Rate, Rhythm, S,. S. Murmur, Pulses				
LUNGS: Rate, Auscultation, Percussion				Vision Acuity Chart Assessment *Pre-K & K Students MUST have a vision screening prior to starting school.*
ABDOMEN: Contour, Palpation, Tenderness				

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GENITO-URINARY: Female external, Male Penis, Hernia				Left Eye ☐ Pass ☐ Fail Right Eye ☐ Pass ☐ Fail
MUSCULOSKELETAL: ROM, Tenderness, Edema, Clubbing,Spine (curvature)				
NEUROLOGICAL: Gait, Cerebullar Function, Motor System (Strength, Tone) Cranial Nerves (Gross)				
DEVELOPMENTAL: Gross, Fine, Motor, Social, Speech/Language				

I have performed a physical assessment on this child on the date indicated and have arranged any follow-up that was or is needed.

Signature of Physician _____ Date: _____

Date of Exam: _____ Phone Number: _____