

2018-2019 KINDERGARTEN REGISTRATION  
**EARLY CHILDHOOD, EARLY KINDERGARTEN AND  
 KINDERGARTEN SCHOOL MEDICAL REPORT**

Ballard Community Schools  
 Ballard West Elementary, 105 East Main, Slater, IA

Student's Last Name	First Name	MI	DOB	Grade
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Name of Parent or Guardian	Address	Phone #
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**ILLNESS**  
 (Indicate date of illness or age at time of diagnosis)

Allergy (to what) _____	Rubeola _____
Chicken Pox _____	Mumps _____
Diabetes _____	Rheumatic Fever _____
Epilepsy _____	Tuberculosis _____
Rubella _____	Whooping Cough _____

Other illness and/or surgery:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EXAM (To be completed by a physician)**

√ = Normal or negative

Appearance _____	Ears _____	Hernia _____
Posture _____	Nose _____	Back _____
Nutrition _____	Throat _____	Extremities _____
Development _____	Lymph Nodes _____	Blood Pressure _____
Neurological _____	Thyroid _____	Urine Analysis _____
Speech Defect _____	Heart _____	Hemoglobin _____
Skin _____	Lungs _____	Height _____
Hair & Scalp _____	Abdomen _____	Weight _____
Eyes & Vision _____	Genitalia _____	Other _____
TB Test _____	Lead Level _____	

Chronic Disease: \_\_\_\_\_ Medication \_\_\_\_\_

Comments/Recommendations: \_\_\_\_\_

Exam Date \_\_\_\_\_ Physician's Signature (required) \_\_\_\_\_