



**EMANN PREPARATORY, KINDERGARTEN AND CHILDCARE CENTRE
MEDICAL EXAMINATION REPORT
TO BE COMPLETED AND SIGNED BY A PHYSICIAN**

Please give details of findings and immunization history

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE _____ HEIGHT: _____ cm WEIGHT: _____ kg.

BP: _____ Urinalysis: Protein _____ Sugar: _____

General Appearance: _____ Nutritional State: _____

Posture: _____ TEETH/GUMS: _____

Skin: _____ HAIR/SCALP: _____

EYES: _____ VISION: R _____ L _____

(Indicate whether tested with glasses or not)

EARS: _____ NOSE: _____ THROAT: _____ HEARING: _____

BREASTS: _____ THYROID: _____

RESPIRATORY SYSTEM: _____

CARDIOVASCULAR SYSTEM: _____

ABDOMEN/GI SYSTEM: _____

CENTRAL NERVOUS SYSTEM: _____

BONES AND JOINTS: _____ DEFORMITIES/DISABILITIES: _____

GENITO URINARY SYSTEM: _____

Immunization History: Please indicate dates vaccines received.

Vaccine	DOSES				
	1 st	2 nd	3 rd	Booster 1	Booster 2
BCG					
DPT/DT					
Polio					
MMR					
Chicken Pox					
Hep. B					
Hib					
Pneumovax					
Other:					
Other:					

***Immunization card must be copied and taken to the school for the records**

INVESTIGATIONS INDICATED: _____

(Follow up report to be provided)

REMARKS AND RECOMMENDATIONS:

PHYSICAL ACTIVITY: UNRESTRICTED

AS TOLERATED

LIMITED

If limited give reason:

DOCTOR'S SIGNATURE

ADDRESS

DOCTOR'S NAME (WRITTEN)

MCJ REG. #

DATE