

Los Alamos Public Schools

Pre-School and Kindergarten Health Examination by Physician

School child w	rill attend: :		☐ Pre-School ☐ Kindergarten			
Student						
	Last //	^{First} Gender ☐ Male	☐ Female	MI	School Year	
	lian:				Relationship	
Home Phone # Cell				rk Phone #	-	
Physician:		Fax #			Phone #	
SUMMARY OF PHYSICIANS EXAMINATION						
Note to Physician: The information requested below will assist the schools in meeting the child's individual needs.						
Vision		Color Vision		Aud	Audio	
Please check "Yes" or "No" and specify recommendations:						
□No □ Yes	1. Are there any delays in speech/language development?					
□No □ Yes	2. Are there any disabilities that would limit participation in school activities?					
□No □ Yes	3. Are there conditions which could cause classroom emergencies, (e.g. seizure disorder, diabetes, fainting, allergies, asthma)? Circle those that apply					
□No □ Yes	4. Does this child have any other medical problem with which the school should be concerned?					
□No □ Yes	5. Is the child currently taking any long term medication?					
	If yes, name of medication:					
Physician's recommendation to the school:						
Signature o	f Physician	Date				
Pre-School for	m: Parents please deliver for	m to school nurse				
Kindergarten form: Los Alamos physicians - Please keep these kindergarten forms until called for by the school nurse Other physicians - Mail the form to: Los Alamos Public Schools, Attention Student Services P.O. Drawer 90 Los Alamos, NM 87544 LAPS Date Received						
5141R Health	Examinations and Immuniz		DI			
Addendum 2 Pre School and Kindergarten Health Examination by Physician (Revised 03/2017)						