

**RICE LAKE AREA SCHOOL DISTRICT**  
**Rice Lake, Wisconsin**

**MEDICAL EXAMINATION REPORT**  
**KINDERGARTEN ENTRANCE**

**DATE** \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME OF PARENT \_\_\_\_\_

1. List health problems that you consider significant for the school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List allergies or intolerances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is special seating required? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Should restrictions be placed on physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you recommend special exercises? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is there evidence of physical immaturity for child's age? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Is there evidence of nutritional or eating problems? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is there evidence of mental, emotional, or behavioral problems? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Is there evidence of speech problems? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Is there any reason to expect this child to be absent from school quite frequently? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Is the child incapable of carrying a full program of work? Yes \_\_\_\_\_ No \_\_\_\_\_

12. The general condition of this child is: \_\_\_\_\_ Good  
\_\_\_\_\_ Fair  
\_\_\_\_\_ Poor

\_\_\_\_\_  
Signature of Physician

**Please complete this form and mail to:**

Rice Lake Area School District  
Elementary Department  
700 Augusta Street  
Rice Lake, WI 54868

\_\_\_\_\_  
Clinic Name