



Dubuque Montessori School Student Medical Form
2605 Pennsylvania Avenue – 563-556-5101

Physical Examination:

Child's Full Name: _____

Age _____ Height _____ Weight _____

Skin _____ Head & Scalp _____

Eyes _____ Nose _____ Lymph Nodes _____

Ears _____ (L) TM _____ (R) TM _____

Mouth: Teeth _____ Gingiva _____ Palate _____

Throat _____ Neck _____ Chest _____

Heart _____ B.P. _____ Femoral Pulse _____

Lungs _____ Abdomen _____

Spine & Back _____ Extremities _____

Neuromuscular _____ Gait _____

Urinalysis _____

Vision: (R) eye _____ (L) eye _____ Both _____

Hearing: Normal _____ Abnormal _____ Not Tested _____

Allergies _____

- If Needed:
Tuberculin Screening _____
Development Testing _____
Lead Screening _____
Other _____

Any Concerns regarding child in a preschool/childcare setting? _____

Date _____ Physician's Signature _____

