**KINGDOM KIDS**

**PRESCHOOL**

**1425 E. Ninth Street**

**Sheldon, IA 51201**

**712-324-2429**



PRESCHOOL EXAMINATION FORM

I have examined

(patient name) (DOB)

or have sufficient ongoing knowledge of his/her medical condition to state this patient is free of any communicable or infectious disease.

Ht Wt T P R BP

Past and present health concerns:

Lead level: Date\_\_\_\_\_\_\_\_\_\_\_ Results\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:

Medications:

Acute or chronic conditions:

Recommendations for continued care:

Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: