



Quad City Montessori School

2400 East 46<sup>th</sup> Street  
Davenport, IA 52807  
(563) 355-1289

## Physical Examination Form

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Are immunizations up-to-date? \_\_\_\_\_  
(If not up-to-date, please explain in comments section below.)

History (Please list any recurrent or chronic illnesses: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies (including drugs): \_\_\_\_\_

Height: \_\_\_\_\_ Percentile for Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
Percentile for Age: \_\_\_\_\_

Development: Normal ( ) Deficit Noted (explain) \_\_\_\_\_

Physical Exam ( ) A complete exam, appropriate for age revealed no significant pathology  
( ) Significant physical exam findings included: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Follow-Up Needed: ( ) Routine health maintenance visits  
( ) Additional follow-up for: \_\_\_\_\_

### Conclusions:

- ( ) This child is healthy and has no medical contraindication to participation in the full range of QCMS activities.
- ( ) This child has the following health needs to allow adequate participation in QCMS activities:  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Physician, P.A., or RNP signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

Name of office or clinic where exam was performed: \_\_\_\_\_