

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Telephone # _____
Address _____ City _____ County _____
School _____
Date Entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below.

(By checking the box, the examining doctor is indicating that the element checked was performed):

- Brief history (general and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow up care for the child is recommended: ___Yes ___No

Date of examination: _____

Doctor/Physician Signature: _____

Print or stamp: Doctor/Physician Name/Address/Telephone #/Fax #

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your records.

Consent of parent or guardian:

I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____ Date _____

WHITEFISH BAY HEALTH DEPARTMENT
Division of School Health
Kindergarten

Report to school on significant findings of health, vision and hearing examination.

This health information will be shared with your child's school for the purpose of educational planning and for the welfare of your child.

HEARING:

AUDIO	1000	2000	4000
Right			
Left			

- Is this student capable of carrying a full program of school work? Yes No
- Should there be restrictions on up and down-stairs travel? Yes No
- Is special seating recommended? Yes No
- Does this student have any physical challenges? Yes No
- Is there evidence of emotional or behavior problems? Yes No

Classification for Physical Education Activity: (Please circle correct code)

Code I. Unlimited Activity

Code II. Slightly modified—under observation

Code III. Definitely restricted—i.e. cardiac disease, post acute infectious disease

Code IV. Individual physical education

Code V. Rest

Physical findings which are significant to the schools: (Please include allergies or chronic conditions i.e. asthma, sickle cell, ADHD, diabetes, etc.)
