Tipton Academy
1615 Belton St.
Garden City, MI 48135
734-261-0500
Fax: 734-956-6360

# Tipton Academy
# Kindergarten Health Appraisal

**Child's Name:** _____ **Date of Birth:** _____ **Sex:** _____

**Parent/Guardian Name:** _____

| Required Tests | |
|---|---|
| Test | Findings |
| Immunizations up to date? ___ Yes ___ No (Please attach current record to this sheet) | Ht. _____ in.<br>Wt. _____ lbs |
| Vision Objective: Date _____<br>_____ Ocular Muscle _____Normal<br>_____ Under Care _____ Wears Glasses | |
| Hearing Objective: Date _____<br>_____ Audiometer _____ Normal<br>_____ Other _____ Under Care | |
| Findings/Diagnosis/Restrictions due to defect or illness | |
| If yes, check below and explain degree of restriction:<br>_____ Classroom _____Playground/Gym _____ Other<br>_____<br>_____<br>_____<br>_____ | |

**Parents are required to return completed form to the school office prior to the start of school**

_____ _____/_____/_____ **Phone** _____

**Physician's Signature** **Date** **Fax:** _____

_____

**Physician's Name and Address (Please Print)**