

Student Name: _____

Turkey Valley Community School

3219 State Highway 24

Date of Exam: _____

Jackson Junction, Iowa 52144

Grade: _____

Elementary Physical Form

Height (inches): _____ Weight (in #) : _____ Blood Pressure: _____ Pulse: _____

Vision Screening: R: 20/ _____ L: 20/ _____ Both: 20/ _____ Hearing: Pass/Fail

Blood Test – Lead Level (**required for Kindergarten entry**): _____

Asthma: Y or N

Seizure Disorder: Y or N

Heart Concerns: Y or N

Allergies (food, insects, animals, meds, etc...): Y or N List: _____ Epi Pen: Y or N

(Food Allergies: if meal or milk substitutes accommodations are needed at school, a diet modification form must be filled out and signed by health care provider for equivalent replacement to be provided by school).

Developmental Screening: _____

Physical Exam: N = within normal limits, otherwise describe

Neurological: _____

HEENT: _____

Oral/Teeth: _____ Referral made? Y or N

Nutrition: _____

Skin & Lymph Nodes: _____

Heart: _____

Lungs: _____

Abdomen: _____

Genitals: _____

Posture & Spine: _____

Extremities, Joints, Muscles: _____

Are all immunizations current? _____

Description of illnesses, medical conditions, allergies, and/or restrictions the school needs to be aware of, and doctor's recommendations: _____

Signature of Examining Physician: _____ Date: _____