AGWSR
Community School District

Physical Exam Form

Student Name: ______________________________ **DOB:** _________________ **Grade:** _______
Height: _________ **Weight:** ________ **BP:** ____/____ **Pulse:** ______

Lead Test* Date: _____________ **Results:** ________
*(*REQUIRED: record of one lead test on file with school before Kindergarten)*

Allergies:** ____ **Epi-Pen needed?** Yes No
***Food allergies: If meal or milk substitute accommodations are needed at school due to disability- "Diet Modification" form (found on school website) must be filled out by parent and signed by health care provider for equivalent replacement provided by school.*

Exam Results: *("N"=normal limits; otherwise describe)*
HEENT: ____

Teeth*: ____________ **Date of last exam:** _________ **Referral for further dental care?** Yes No
*(*REQUIRED: IDPH Certificate of Dental Screening must be completed by a dentist. Form on school website.)*

Heart: ___________________________ **Lungs:** ______________________ **Abdomen/GI:** ____________________
Extremities/joints/spine: _____________________ **Skin/Lymph:** _________________ **Neuro:** _____________
Seizures? Yes No **If yes- treatment plan?** Yes No

Vision* Left eye: ______ **Right eye:** ______ **Glasses?** Yes No **Usage: (i.e. reading/continuous)** __________
*(*REQUIRED: Vision screen prior ro pre-KDG/KDG enrollment. Physician, ARNP or RN Clinic assessment acceptable as provided above)*
Hearing: Left ______ **Right:** ______ **Hx of testing? (lions club/AEA)** Yes No **Hearing Aids:** Yes No
Referral made for testing: Yes No
-DEVELOPMENTAL SCREENING COMMENTS: Personal/Social: _______________ **Fine Motor:** _______
Gross Motor: ___________ **Speech/Language:** ___________ **Referral to AEA:** Yes No

Please attach signed immunization certification or valid IDHHS exemption form.
PROVIDER NAME: ____________________________ **CLINIC:** __________________ **PHONE:** _________________

PROVIDER SIGNATURE: ____________________________________ **DATE OF EXAM:** ___________________

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