Southeast Polk
COMMUNITY SCHOOL DISTRICT

Preschool - 5th Grade
Physical Examination Form

Student Name	
Birthdate	
Grade	
Parent/ Guardian Name	
Street Address	
City, State Zip	
School of Attendance	

Health Information

* Lead and Vision Screening are required for all Kindergartners

Height	Weight	Blood Pressure	Lead Screening	Vision
				R 20/ L 20/ Both 20/

Significant Health History

	Yes/No	Comment		Yes/No	Comment
Allergy to Food			Diabetes		
Allergy to Medication			Frequent Ear Infections		
Other Allergies			Asthma		
Bleeding Disorder			Cardiac Concerns		
Chicken Pox			Frequent Throat Infections		
Concussion			Cancer		
Meningitis			Mono		

Physical Examination

X= Normal or Negative		Comments
	Appearance	
	Nutrition	
	Neurological	
	Speech Defect	
	Hair and Scalp	
	Nose	
	Ears	
	Throat	
	Thyroid	
	Heart	
	Lungs	
	Skin	
	Gastrointestinal	
	Mouth/ Dental	
	Musculoskeletal	
	Spinal Examination	
	Other	

Physician Comments/ Health Concerns

Allergies
Surgeries
Medications
Developmental Concerns
Physical Education Restrictions
Health Related Anatomical Restrictions
Special Health Needs/ Additional Comments

Physician's Signature

Date of Exam