

EAST ELEMENTARY

501 NORMAL COLLEGE AVENUE

SHELDON, IA 51201

PHONE: 712-324-4337 FAX: 712-324-4338

Remember...

Your child's **signed
immunization record**
is required in addition to
this signed form.

**CHILD PHYSICAL EXAMINATION FORM**

This form is to be completed by a physician or physician designee.

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Sex ☐ Male ☐ Female

Age _____ Height _____ Weight _____

Skin _____ Head & Scalp _____

Left Eye _____ Right Eye _____

Left Ear _____ Right Ear _____

Nose _____ Lymph Nodes _____

Mouth _____ Palate _____

Teeth _____ Gingiva _____

Throat _____ Neck _____

Chest _____ Heart _____

Blood Pressure _____ Femoral Pulse _____

Lungs _____ Abdomen _____

Genitalia _____ Rectum, Anus _____

Spine and Back _____ Extremities _____

Neuromuscular _____ Gait _____

Urinalysis _____ Allergies _____

Vision _____ Hearing _____

ADDITIONAL INFORMATION, AS NEEDED**WNL:**

Vision Screening Y or N

Dental Screening Y or N

Lead Screening _____ Other _____

EXAM RESULTS

After examining this child, I have determined that he/she is physically and mentally able to attend school.

Signature of Physician/Designee_____
Date