

# IOWA SCHOOL-AGE CARE - HEALTH STATUS - PARENT STATEMENT

## Health Professional's Physical Exam Findings\*

Date of Physical Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Body Mass Index: \_\_\_\_\_

- There are weight concerns and
- Referral made to \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

### Laboratory Screening:

Blood Lead Level: \_\_\_\_\_  venous  capillary (for child under age 6 yr)

Hgb. / Hct: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

TB testing (high risk child only) \_\_\_\_\_

### Sensory Screening

Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Hearing: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

Tympanometry: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

### Exam Results (N = normal limits) otherwise describe

Skin: \_\_\_\_\_

HEENT: \_\_\_\_\_

### Teeth/Oral health:

Date of Dentist Exam: \_\_\_\_\_ or  None to date.  
Dental Referral Made Today  Yes  No

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Stomach/Abdomen: \_\_\_\_\_

Genitalia: \_\_\_\_\_

Extremities, Joints, Muscles, Spine: \_\_\_\_\_

Neurological: \_\_\_\_\_

Other Notes: \_\_\_\_\_

Child Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

### Vaccines given Today:

Vaccines entered into IRIS database.  Yes  No

DtaP/DTP/Td

HEP B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other \_\_\_\_\_

### Referrals made today:

Referred to **hawk-i** today 1-800-257-8563

### Health provider authorizes the child to receive the following medications while at child care or school (Including over-the-counter and prescribed)

<u>Medication Name</u>	<u>Dosage</u>
------------------------	---------------

Fever/Pain reliever:

Sunscreen:

Cough medication:

Other - list all \_\_\_\_\_

### Health Provider Statement:

The child may fully participate with **NO** health-related restrictions.

The child has the following **health-related restrictions** to participation: (please specify)

Signature \_\_\_\_\_

Provider Type (circle) MD DO PA ARNP

Address: May use stamp \_\_\_\_\_

Telephone: \_\_\_\_\_

\* Iowa Child Care regulations require an annual parent statement about the child's health. Parents obtaining a physical exam are asked to have their family doctor or clinic use this form.