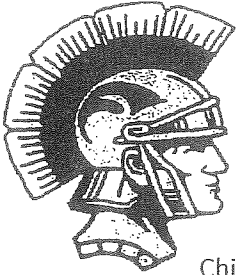


Tri-Center Community Schools

"Committed to Maximizing Student Potential"

Neola • Beebeetown • Minden • Persia



School Health Exam Form to be completed by Physician.

Child's name: _____ Date of Birth: _____

Status of present health condition: _____

Past medical history; List any acute or chronic illnesses, surgery or injuries:

List any Allergies to medication, food or environment: _____

Does this child need an Epi-Pen at school? Please circle YES or NO. If yes, attach an Asthma/Allergy Action Plan.

Does this child need a referral such as Dental, Speech, Physical or Occupational therapy, hearing or vision? Yes or No. If yes, please specify.

List any Psychosocial, Behavioral or developmental concerns: _____

Are Immunizations up to date? Circle YES or NO. Please attach the immunization record.

Physical examination: Weight _____ Height _____ Vital signs _____

Vision: _____ (right eye) _____ (left eye). Other: _____

Our school on occasion will use a hypoallergenic lotion, sunscreen, Vaseline, diaper crème. If not allowed, please indicate here: _____

This child was examined including: General appearance, Posture, HEENT, Teeth, Heart, Lungs, Abdomen, Genitalia, Extremities, Joints, Muscles, Spine, Skin, Lymph nodes, Neurological and Nutrition. List any abnormal assessments or limitations: _____

I attest this child is healthy and free of Communicable diseases. This child may participate fully in school activities without limitations.

X

(Signature of Medical Provider)

33980 310th Street, Neola, Iowa 51559-5183
High School Fax: 712-485-2411 • Middle School Fax: 712-485-2402
Elementary School Fax: 712-485-2027