

**Lewis Central Schools  
Kindergarten Health Examination Record**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_M\_\_\_F Grade \_\_\_\_\_

The State of Iowa requires certain immunizations for school entry. Please attach a completed IA immunization form to this record.

**Physical Examination:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

This child has been Lead Screened: Yes \_\_\_ No \_\_\_ Results: \_\_\_\_\_

A Vision screening was performed as part of this physical examination: Yes \_\_\_\_\_ No \_\_\_\_\_

**State of IA requires screening results to be filled out on IA dept. Of Public Health Certificate of vision screening form.**

	Normal	Abnormal Findings
General Appearance		
Eyes/Ears/Nose/Throat		
Oral/Dental		
Neck/Lymph nodes		
Cardiovascular		
Respiratory		
Abdomen		
Genitourinary		
Skin		
Neurological		
Musculoskeletal		

Comments regarding abnormal findings: \_\_\_\_\_

Is this child subject to any condition which may result in a classroom emergency or limit physical activity?

\_\_\_\_\_

If so, please describe: \_\_\_\_\_

Licensed Professional's Name (Print) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Licensed professional's signature: \_\_\_\_\_