

Griswold Community School District

School Physical Examination Form

Name _____ M/F _____ Date of Birth _____

Medical History/Pertinent Family History:

Current Health Issues:

Y N Allergies: (Please List) _____
History of Anaphylaxis to _____ Epi-Pen Y N
Y N Asthma: Asthma Action Plan: Y N (please attach)
Y N Diabetes: Type 1 Type 2
Y N Seizure Disorder _____
Y N Health condition which may require emergency action while at school.
Y N Other (Please specify) _____

Current Medications (if relevant to the child's health and safety). Please circle those administered in school. A medication consent form is needed for each medication given at school.

Physical Examination:

Date of Examination _____

Ht: _____ (_____ %) Wt: _____ (_____ %) BMI: _____ (_____ %)

T: _____ P: _____ R: _____ BP: _____

(Check = Normal. If abnormal please describe)

General _____	Lungs _____	Extremities _____
Skin _____	Heart _____	Neurologic _____
EENT _____	Abdomen _____	Nutrition _____
Dental/Oral _____	Genitalia _____	Other _____

(Mandatory Dental Screening for Kindergarten)

Vision Screening (Mandatory for Kindergarten): R 20/ _____ L 20/ _____

Date and Results of Lead Screening: (Mandatory for Kindergarten) _____

Y N Immunizations are complete. Please attach Iowa Immunization Certificate or other complete Immunization Record

Please attach additional information as needed for the health and safety of this child.

Signature of Examiner _____ Date _____