

**Lewis Central Schools
Kindergarten Health Examination Record**

_____ M ___ F ___
Last Name First Name Birth date Sex Grade

The state of Iowa requires certain immunizations for school entry. Please attach a **completed [Iowa immunization form](#)** to this record.

Physical Examination:

Height _____ Weight _____ Blood Pressure _____ Pulse _____

This child meets the Iowa Lead Screening Requirements Yes _____ No _____

A vision screening was performed as part of this physical exam Yes _____ No _____

	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 Date of Exam

Licensed Professional's Signature