

Estherville Lincoln Central School District

Estherville, Iowa 51334

Ph. 712-362-8402 Fax. 712-362-7842

Student _____

Female **Male** **Date of birth** _____

Medical and Health History

History	Date	Comments
Prenatal/Birth		
Allergies		To Medication _____ To Food _____ To Latex _____ Epi-pen <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma		
Medications		
Illness, serious		
Chickenpox		<input type="radio"/> Diagnosed <input type="radio"/> By report
Injury, serious		
Hospitalization/ Surgery		
Immunizations Attach IRIS form		<input type="radio"/> Up to date for school entry <input type="radio"/> Boosters needed:
Other (disabilities, diseases or disorders)		

Physical Exam and Assessment

By Physician, Nurse Practitioner or Physician Assistant

Date of exam: _____

Height _____ Weight _____ Blood pressure _____

Vision: Both 20/____ Right 20/____ Left 20/____

System	WNL	Comments
Skin		
Eyes		Referred?
Ears/Hearing		
Mouth		
Speech		
Neck		
Heart		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Spinal		Scoliosis Screening WNL____ Referred____
Neurologic		
Emotional/social		
Lead screening (required)		Date: _____ Results: _____
Dental screening (required):		Referred? State Dental Form Required
Labs if indicated		
TB risk		Mantoux if indicated
Health conditions requiring intervention/modification at school:		
Physical Education Program: Full _____ Limited _____ None _____		
Reason:		
Examined by (print) _____		
Signature _____		Date _____
Clinic _____		Phone _____