



College Community Schools Student Physical Examination Form

Student's Legal Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Age: _____ Sex: _____ Any Known Allergies: _____

Lead (PS & Kindergarten)	Height	Weight	BP	Visual Acuity	Dental Screening Completed	Student uses: (please circle)
Date/Result:				R- L-	Yes / No	Glasses/contacts Hearing Aids

*Dental screening is required for kindergarten

*Vision screening is required for kindergarten and 3rd grade

Please indicate whether the screenings were completed with the exam or referred to a dentist/ophthalmologist.

Based on your history and exam:	No	If you say "YES" to any of these questions, Please describe fully:
Are there any emotional, mental, or physical health concerns/conditions for which this student should remain under periodic medical observation?	<input type="checkbox"/>	
Are there any hearing, vision, speech, or dental impairments?	<input type="checkbox"/>	
Are there any medications or treatments prescribed for this student?	<input type="checkbox"/>	
Is this student subject to any condition that may result in a classroom emergency or limit participation during the school day? (Diabetes, Asthma, Allergies, Seizure, Cardiac)	<input type="checkbox"/>	If yes, has an Emergency Action Plan been attached? Yes <input type="checkbox"/>
Are immunizations up to date? Please attach IDPH Certificate of Immunization or Certificate of Immunization Exemption.	<input type="checkbox"/>	If "NO" please identify your plan for bringing student up to date:
Please list any diagnosed disability along with ICD-10 codes (for Medicaid billing purposes):		List: ICD-10 Codes:
Classroom Activities/Physical Education/ Sports:		Full Activity: Yes ___ No ___ Restrictions: _____

Print Healthcare Provider's Name: _____ Phone: _____

Print Healthcare Provider's Address: _____

Healthcare Provider's Signature: _____ Date of exam: _____



College Community Schools

Dear Parents/Guardians:

ATHLETIC PHYSICAL EXAMINATIONS

If your son/daughter is in 7-12 grade and is/will be participating in athletics, this exam form **DOES NOT** satisfy the State Association requirement of a medical examination for school sports. You need to use the Iowa Athletic form found on the district website and must be uploaded with student's athletic registration **BEFORE** practice begins or your student **WILL NOT** be eligible *to practice or play*. Physical examinations are valid for thirteen (13) months from the date of exam. (It is preferable to have sports exams during the summer so they cover students' participation for the whole school year.)

*THE SCHOOL NURSE WILL **NOT** SEE ANY HEALTH INFORMATION UPLOADED WITH THE **ATHLETIC REGISTRATION**.*

*IF YOUR STUDENT HAS HEALTH INFORMATION YOU WOULD LIKE THE NURSE/SCHOOL TO KNOW, PLEASE SUBMIT THE **ENTIRE** FORM TO THE NURSE OFFICE!*

ROUTINE SCHOOL PHYSICAL EXAMINATIONS

We want to cooperate with you in protecting and promoting your child's health in school. While physical examinations are only **required** for Preschool and Kindergarten (and 7-12 sports), the American Academy of Pediatrics recommends an **annual** physical examination with a primary care provider for preventive pediatric health care. (A **primary** care provider is one who **knows** your child and provides ongoing care from year to year.)

Health examinations mean the child is examined for the purpose of promoting health. These forms will be handled as confidential information. Here at College Community, we will do all we can to fulfill our part in following any suggestions that your healthcare provider may recommend.

Thank you,
The College Community Nursing Staff