



# Newton Community School District Elementary Physical Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Family Physician \_\_\_\_\_

Date of Physician Visit \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ Blood Pressure \_\_\_\_\_

### Allergies:

Food (please specify) \_\_\_\_\_

Medication (please specify) \_\_\_\_\_

Environmental (please specify) \_\_\_\_\_

Do any of the above allergies require treatment with emergency medication? \_\_\_\_\_

If so, please specify below:

What symptoms are to be treated? \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Frequency \_\_\_\_\_

### Current Medications:

Prescription: \_\_\_\_\_

Over the counter: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Visual Acuity: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Referral made to eye doctor: \_\_\_\_\_

Dental Condition: No Obvious Problems \_\_\_\_\_

Requires Dental Care \_\_\_\_\_

Requires Urgent Dental Care \_\_\_\_\_

Referral made to Dentist: \_\_\_\_\_

Has this child been tested for Lead? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Screening \_\_\_\_\_

Result of Screening \_\_\_\_\_

**\*Iowa House File 158 mandates that each child be screened for lead level before entering Kindergarten.**

## Physical Examination

General Appearance \_\_\_\_\_

Nutrition \_\_\_\_\_

Skin \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose/Throat \_\_\_\_\_

Heart/Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_

Developmental Screening \_\_\_\_\_

Any other significant health history including surgeries, injuries, etc? \_\_\_\_\_

Can this child participate in physical education class or recess without limitations? Yes\_\_\_ No\_\_\_  
If no, please explain: \_\_\_\_\_

Examining Physician \_\_\_\_\_ Date \_\_\_\_\_

### District Office

Newton Community School District  
EJH Beard Administration Center  
1302 First Avenue West  
Newton, Iowa 50208

**Questions?** Please call our Central Registrar  
641.792.5809 (Phone) (District Office, Option 2)

641.792.9159 (FAX)