

Student's Name _____ Gender _____ Grade _____
 Birthdate _____ Birthplace _____ Phone _____
 Parent's/Guardian's Name(s) _____
 Address _____ City/State _____ Zip Code _____

Illnesses

Allergy _____	Measles (red) _____
Chicken Pox _____	Mumps _____
Diabetes _____	Rheumatic Fever _____
Epilepsy _____	Tuberculosis _____
Rubella (3 day measles) _____	Whooping Cough _____
Other Illnesses & Surgery: _____	

Immunizations & Tests

Immunization	Basic Vaccination		Booster	
	Month	Year	Month	Year
Diphtheria.....	_____	_____	_____	_____
Hepatitis B.....	_____	_____	_____	_____
Hepatitis A.....	_____	_____	_____	_____
Tetanus.....	_____	_____	_____	_____
Whooping Cough.....	_____	_____	_____	_____
Polio.....	_____	_____	_____	_____
Measles (red).....	_____	_____	_____	_____
Mumps.....	_____	_____	_____	_____
Rubella (3 day measles).....	_____	_____	_____	_____

Tuberculin Test: Date _____ Results: Positive _____ Negative _____
 Blood Type: _____

Physical Examination (√ means normal/negative)

Appearance _____	Ears _____	Hernia _____
Posterior _____	Nose _____	Back _____
Nutrition _____	Throat _____	Extremities _____
Development _____	Lymph _____	Blood Pressure _____
Neurological _____	Thyroid _____	Urine Analysis _____
Speech Defect _____	Heart _____	Hemoglobin _____
Skin _____	Lungs _____	Height _____
Hair & Scalp _____	Abdomen _____	Weight _____
Eyes & Vision _____	Genitalia _____	Other _____

Chronic Disease _____ Medications _____
 Remedial Defects _____
 Participation in Physical Education Program: All _____ Limited _____ None _____
 Reason for Limited or None: _____
 Physician's Comments & Recommendations: _____

Date of Exam _____ Physician's Signature _____
Proof of a current examination and a completed immunization card are required by the State of Iowa for each student. If your child is transferring from a public school, these documents should be in the child's cumulative folder. Students not previously enrolled in public/private school must have these forms completed. A copy of their birth certificate is needed to verify date of birth.