

Anamosa Community Schools
Strawberry Hill Elementary
Physical Form

Student Name: _____ Birth date: _____ Sex: M ___ F ___

Physician or Health Care Provider _____

Dentist _____ Date of Last Dental Exam _____

Eye Doctor _____ Date of Last Eye Exam _____

Physical Examination

Height _____ Weight _____ BMI _____ B.P. _____ Pulse _____ Respirations _____

Appearance/Hygiene _____

Nutrition _____

Eyes _____ Visual Acuity: Right _____ Left _____ Both _____

Ears _____

Nose _____

Throat/Tonsils _____

Mouth _____

Teeth _____

Heart _____

Lungs _____

Abdomen _____

Extremities _____

Skin _____

Neurological _____

Development _____

Behavior _____

Last Lead Level (required for Kindergarten entry) Date _____ Result _____

Restrictions _____

Referrals _____

Current Diagnoses _____

Prescribed Medications _____

Date of Exam _____

Signature of Health Care Provider _____