

**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 (**required for Kindergarten and 3rd grade**): Right \_\_\_\_\_ Left \_\_\_\_\_

Both \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat/Tonsils \_\_\_\_\_

Mouth \_\_\_\_\_

Teeth (**required for kindergarten**) \_\_\_\_\_

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 \_\_\_\_\_