

North Iowa Community School
Preschool Physical (physician completes)
 111 3rd Ave. NW
 Buffalo Center, IA
 Phone 641-562-2525 (Fax: 641-562-2921)
 Debra J. Aukes RN aukes@northiowa.org

Name _____ D.O.B. _____ M/F _____

Parent/Guardian _____ Phone _____

PHYSICAL EXAMINATION

√ = NORMAL OR NEGATIVE

Appearance	Ears	Hernia
Posture	Nose	Back
Nutrition	Throat	Extremities
Development	Lymph Nodes	Blood Pressure value
Neurological	Thyroid	Urine Analysis
Speech	Heart	Hemoglobin value
Skin	Lungs	Height value
Hair/Scalp	Abdomen	Weight value
Eyes	Genitalia	Other

PLEASE ATTACH A LIST OF CURRENT IMMUNIZATIONS if child's record is not entered in IRIS (Iowa Registry Immunization System).

State law requires schools to submit a list of kindergarten students to match medical providers who submit to IDPH blood lead testing (generally completed at 12 months and/or at 24 months).
 Minnesota providers are asked to enter date of lead screening and value _____

Complete dental screening if not seeing dentist _____

Vision screening (your test meets requirement for kindergarten next year) RE _____ LE _____

Allergies: _____ Medications _____

Past Health History including disabilities or special needs _____

Surgeries/Hospitalizations _____

Physician's Comments and Recommendations _____

Physician's Signature _____ Date of Exam _____

Physician's Name _____ Address _____

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Return completed form to Deb Aukes RN.