

Clear Creek Amana Student Health History and Medical Exam Record

Please submit this completed, signed form for your child before entry into CCA Schools. Fill out the top portion of this form and have your child's healthcare provider complete the bottom portion. To be valid, the exam date must be within 12 months of entry into school.

TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name _____ Birth Date _____

Please list any significant health history or present health problems for your child (allergies, illnesses, injuries, surgeries, etc.):

Please list significant medical or current health problems of family members that might affect the health, well-being or school performance of your child: _____

Is your child currently on medications? _____ If yes, name of medication(s) and dose(s): _____

Parent's Signature _____ Date _____

TO BE COMPLETED BY HEALTHCARE PROVIDER

Date of Exam _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____ RR _____ Skin _____

General Appearance _____ Posture/Spine _____ Vision _____ (R) _____ (L) _____ (B)

Eyes _____ Ears _____ Nose _____ Throat _____ Respiratory _____ Cardiovascular _____

Abdomen _____ Genitalia _____ Extremities _____ Neurological _____ Allergies _____

Iowa HF 158 mandates blood lead level screening before children enter kindergarten.

BLL Test Date _____ Result _____

Does this child have a vision, hearing, or speech concern? Yes ___ No ___	If yes, please describe:
Are there any limitations on classroom activity or PE? Yes ___ No ___	If yes, please describe:
Does this child have any condition that may result in a classroom emergency (e.g. asthma, epilepsy, diabetes, fainting, etc.)? Yes ___ No ___	If yes, please describe:
Does this child have any mental, emotional, or physical condition that requires periodic observation or monitoring at school? Yes ___ No ___	If yes, please describe:

Healthcare Provider Recommendations/Comments _____

Healthcare Provider's Name _____ Phone Number _____

Address _____

Healthcare Provider's Signature _____ Date _____

Please return completed, signed form to Clear Creek Amana School, Attention School Nurse