

West Branch Community School District
Physical (physician completes)
148 Oliphant Street
West Branch, IA
319-643-7211 Fax: 319-643-7228
Traci Hierseman-Fryauf, RN tfryauf@west-branch.k12.ia.us

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

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 recorded in IRIS (Iowa Registry Immunization System)

State law requires schools to submit list of kindergarten students to match medical providers submission of blood lead testing which was completed at 12 months and/or at 24 months.

Iowa providers are asked to enter date of lead screening and value _____

Complete Dental Screen if not seeing dentist _____

Vision (your screening meets state requirement for kindergarten) Rt _____ Lt _____

Allergies: _____ Medications _____

Past Health History including disabilities or special needs _____

Surgeries/Hospitalizations _____

Physician's Comments/Recommendations _____

Physician's Signature _____ Date of Exam _____

Physician's Name _____ Address _____