

**Knoxville Community School District
Kindergarten and Pre-School PHYSICAL EXAM Form**

Student Name: _____ Birthdate: _____ Grade: _____

Height: _____ Weight: _____ BMI: _____

B/P: _____ Pulse: _____

Lead Test: _____ Date: _____ Results: _____

(REQUIRED: at least one lead test on file before Kindergarten)

CBC: _____ UA: _____

Allergies: _____ Epi-Pen? Yes or No

Complete the Diet Modification Form for meal accommodations at school

Exam Results (N=normal limits) otherwise describe

HEENT: _____

Teeth: _____ Date of last exam: _____ Referral made? Yes or No

(REQUIRED: dental screening no earlier than 1 year prior to Kindergarten)

Heart: _____ Lungs: _____

Stomach/Abdomen/GI: _____

Extremities/Joints/Muscles/Spine: _____

Skin/Lymph nodes: _____

Neurological: _____ Seizures? _____

Sensory:

Vision: both together: _____ left eye: _____ right eye: _____

Glasses? Yes or No Referral made? Yes or No

(REQUIRED: vision screening within 1 year prior to Kindergarten or within 6 months)

Hearing: left ear: _____ right ear: _____ Aids? Yes/No Referral made? Yes/No

Developmental Screening:

Personal/Social: _____

Fine Motor: _____

Gross Motor: _____

Language: _____

Referral made? Yes/No _____ To whom? _____

VACCINES given today (list): _____ Recorded in IRIS? Yes/No

Provider's Name PRINT: _____

Provider's Business Address: _____

Provider's Signature: _____ **Date of Exam:** _____

Required for Kindergarten:

_____ **Physical:** Knoxville CSD requirement

_____ **Dental Exam:** [State of Iowa Dental Form](#), state requirement. All children enrolled in Kindergarten are required to have a dental screening performed no earlier than 1 year prior to enrollment pursuant to IDPH 641 Chapter 51.

_____ **Lead Screening: state requirement.** All children enrolling in Kindergarten are required to have at least one lead test to be in compliance with IAC 641 Chapter 67.

_____ **Vision Exam:** [State of Iowa Vision Form](#), state requirement. Each Kindergartner shall have a valid vision screening performed no earlier than 1 year prior to enrollment and no more than 6 months after the date of the child's enrollment in compliance with IAC 641 Chapter 52

_____ **Immunization Record: up to date for Kindergarten, state requirement.** An immunization record is required to enroll in Kindergarten pursuant to Iowa Department of Public Health [IDPH] 641 Chapter 7. <https://idph.iowa.gov/immtb/immunization/laws>

_____ **Health History Form:** Knoxville CSD requirement

Required for Pre-School:

_____ **Physical:** Knoxville CSD requirement

_____ **Immunization Record: up to date for Pre-Kindergarten, state requirement.** An immunization record is required to enroll in Pre-Kindergarten pursuant to Iowa Department of Public Health [IDPH] 641 Chapter 7. <https://idph.iowa.gov/immtb/immunization/laws>

_____ **Health History Form:** Knoxville CSD requirement

WEST ELEMENTARY FAX: 641-842-6029

West Elementary

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