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 chld 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