

MASON CITY COMMUNITY SCHOOLS ~ ELEMENTARY HEALTH INFORMATION

\_\_\_\_\_  
Last Name, First Name

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ M / F

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Hbg: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Lead Testing: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Vision Exam: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ R \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ L

Glasses: \_\_\_\_\_ Needs Referral to Eye Doctor: \_\_\_\_\_

Check below if normal during exam:

- \_\_\_\_\_ Head, neck
- \_\_\_\_\_ Heart
- \_\_\_\_\_ Lungs
- \_\_\_\_\_ Musculo-skeletal
- \_\_\_\_\_ Central Nervous System
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Eyes
- \_\_\_\_\_ Ear, nose & throat
- \_\_\_\_\_ Abdomen
- \_\_\_\_\_ Genito-urinary

Check if student is up to date on immunizations  
Student needs the following immunizations:

\_\_\_\_\_  
\_\_\_\_\_

Comments on Findings: \_\_\_\_\_  
\_\_\_\_\_

Recommendations for Activities:

Complete and Unrestricted: Yes \_\_\_\_\_ No \_\_\_\_\_

Restricted, please explain: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Examination Date: \_\_\_\_\_