PHYSICAL EXAM FORM

East Sac County Community School District

Take this form to your provider & return to your child's school before Aug 5th

Name of Child _____ **Birthdate** _____ Grade in Fall _____
Last, First

ATTENTION PROVIDERS: Preschool and Kindergarten students are required to have a physical exam for entrance into school, including immunizations. At least one lead level is required for Kindergarten. Complete all sections age appropriate according to EPSDT

Allergies: _____

Height (without shoes): _____

Weight (without shoes)**:** _____

Blood Pressure _____

Immuns. current to start Kdgtn/PS Yes No
If no, appt date & time: _____

Hgb /Hct _____ **Urinalysis** _____

****Lead Level** _____ **Date:**_____
(State law requires at least one lead level before Kindergarten)

TUBERCULOSIS SCREENING

TB SCREENING IS REQUIRED FOR SCHOOL ENTRANCE

Circle approrpiate response -

Was child born in Mexico or any other country in Latin America, the Caribean, Africa, Eastern Europe?..... Yes No

Has child lived or traveled more than 3 weeks outside US within the past 5 years?..... Yes No

Has child had contact with who is/was IV drug user, anyone who has HIV or who is/has been in jail / prison?..... Yes No

Has anyone in the family ever had positive TB skin test?..... Yes No

Has anyone in the family been treated for TB?..... Yes No

TB Mantoux Test Required? **Yes** **No**
If Yes:
Date of test: _____ Date read: _____ Result: _____mm

If positive, referral to Public Health made? **Yes** **No**

NML	ABNL	
☐	☐	General Appearance _____
☐	☐	Developmental _____
☐	☐	Behavior at exam _____
☐	☐	Speech / Language Develepment _____
☐	☐	Skin _____
☐	☐	Mouth/Teeth _____
☐	☐	Throat/Neck _____
☐	☐	Eye: Extraocular Movements_____
☐	☐	Vision Acuity Rt _____/20 Lt _____/20
☐	☐	Ears _____
☐	☐	Heart _____
☐	☐	Lungs _____
☐	☐	Back/Chest _____
☐	☐	Abdomen _____
☐	☐	Neurological _____
☐	☐	Musculoskeletal _____
☐	☐	Genitalia _____

Medical Treatment/ Follow up required: _____

Current Diagnosis and ICD 10: _____

Current Medications: _____

Special considerations for school: _____

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

Provider Name (please print): _____ Phone: _____

Please return or fax to your child's school

updated 2/11/19