



Southeast Iowa Family Medicine & Allergy Associates

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STUDENT MEDICAL EXAM

Child's Name

M [] Birthdate _____

F [] Grade _____

Parent's Name

(√ = Normal, Describe impairments)

Physical Examination

General Appearance _____

Skeletal Development _____

Skin _____

ENT _____

Eyes _____

Teeth _____

Thyroid _____

Tonsils _____

Other _____

Abdomen _____

Genitalia _____

Extremities _____

Heart _____

Lungs _____

Reflexes _____

Coordination _____

Scoliosis _____

Other _____

Ua - Sug _____ Alb _____

*Hgb. _____ *Only if

*Micro Urine _____ indicated

Immunizations received at the time
of this exam

Conditions that would affect school performance:

Comments and/or Recommendations:

Date

Physician's Signature