Sidney Elementary School Physical Form Fax 712-374-2648

Child's Name:		DOI	3:	_ Age: Sex: M F
Allergies:		Me	edications:	
Dentist Name: Location:				
Required by law:				
Hgb/Hct: Fluo	ride application: YES	NO Dent a	al Screen: YES N	O Referral Made: YES NO
Lead Level:ug/dl Date Drawn:		Ht: Wt: B/P: Pulse:		
Vision: Right eye Left eye		Hearing: Right ear Left ear		
Required by School:	. ขาวงานการเหติการเกิด	gertaer (130 en en engelske en au en kele e	See a see a	
Does examination reveal any abnormality in:	Normal for Age	Abnormal	Not examined	Comments
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Teeth	na pour al maiac.	Mark Facility is	o lyspati dloril	Control Control
Heart				
Lungs				
Stomach/Abdomen				
Genitalia		E Z STANZ		
Bones, Joints, Muscles		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Muscular Coordination				
Skin, Lymph Nodes			WITTEN TO	SOURCE BY TAKE NEED
Neurological				,
Gait	9			Anim November 2011 and
Speech				
Behavior				
General appearance				Selection of the selection
Developmental referral made: YES Immunizations given today	NO Immu	nizations: Plea	ase attach a comp	plete record and return to school
Insurance Type:	N	Medicaid (Title	19) #	hawk-I
Physician:			Phone:	
			ate:	Ason
(Physician Signature)				(Date of Exam)