

IOWA SCHOOL-AGE CARE - HEALTH STATUS - PARENT STATEMENT

Parents: A physical exam for school-age children enrolled in child care is not required every year. However, school-age children need to continue to receive health care to prevent illness and to identify potential health problems. The following guide will help you and your child prepare for a thorough physical exam with your family doctor. If you do not have a family doctor, please call the Healthy Families Line (1-800-369-2229) to locate a health care provider near you.

Iowa Recommendations for Preventive Health Care – School-Age Youth

Health Provider Guide		5 yr.	6yr.	8 yr.	10 yr.	12 yr.	14 yr.	16 yr.
History:	Initial and Interval	●	●	●	●	●	●	●
Measurement:	Height/ Weight and Body Mass Index	●	●	●	●	●	●	●
	Blood Pressure	●	●	●	●	●	●	●
Nutrition:	Assessment/ education for food intake and physical activity	●	●	●	●	●	●	●
Development/School Achievement:	Screening or questionnaire	●	●	●	●	●	●	●
Mental Health / Mood:	Screening questionnaire	●	●	●	●	●	●	●
Sensory Screen: (This screening may be completed at school or in child care)	Vision				●			●
	Hearing		●	●	●		●	●
Oral Health assessment: dental history, recent concerns, pain or injury, visual inspection or oral cavity		●	●	●	●	●	●	●
Dental exam		Dentist exam or refer to dentist every 6 months						
PHYSICAL EXAM		●	●	●	●	●	●	●
Lab tests:	Hematocrit or Hemoglobin and (hemoglobinopathy for adolescents at risk)					←●→		
	Urinalysis	●				←●→		
	Lead Test ²	●						
	Cholesterol Screen	◆						
	STD Screen and Genital or Pelvic Exam ³						◆→	
	TB test ⁴	◆						→
Immunizations: ⁵	<i>per Iowa schedule</i>	●	●	●	●	●	●	●
Family Guidance:	Injury Prevention	●	●	●	●	●	●	●
	Seat Belt Use	●	●	●	●	●	●	●
	Bike Helmet Use	●	●	●	●	●	●	●
	Violence Prevention ⁶	●	●	●	●	●	●	●
	Nutrition & Physical Activity Counseling	●	●	●	●	●	●	●
	STD and Pregnancy Prevention for males and females ⁷	●	●	●	●	●	●	●

Key: ● To be performed | = Interview parent or child ◆ = Done for at risk children
 → Arrow indicates range which item may be completed

² Lead testing Iowa Lead Testing program 1-800-242-2026.

³ Sexually active youth should be screened.

⁴ TB testing for at-risk children Iowa TB program 1-800-383-3826.

⁵ Immunization per schedule Iowa Immunization 1-800-831-6293.

⁶ All families to receive domestic and youth violence prevention. CALL TEENLINE 1-800-443-8336 (operates 24/7).

⁷ All youth to have access to STD and pregnancy prevention services. CALL TEENLINE 1-800-443-8336.

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Doctors complete the Physical Exam Form

Date of Physical Exam: _____

Height: _____ Weight: _____

Body Mass Index: _____

There are weight concerns and

Referral made to _____

Blood Pressure: _____

Laboratory Screening:

Blood Lead Level: _____ venous capillary (for child under age 6 yr)

Hgb. / Hct: _____

Urinalysis: _____

TB testing (high risk child only) _____

Sensory Screening

Vision: Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Tympanometry: Right ear _____ Left ear _____

Exam Results (*N = normal limits*) otherwise describe

Skin: _____

HEENT: _____

Teeth/Oral health: _____

Date of Exam by Dentist: _____ or None to date.

Dental Referral Made Today Yes No

Heart: _____

Lungs: _____

Stomach/Abdomen: _____

Genitalia: _____

Extremities, Joints, Muscles, Spine: _____

Neurological: _____

Other Notes: _____

Child Birthdate: _____

Age: _____

Vaccines given Today:

Vaccines entered into IRIS database. Yes No

DtaP/DTP/Td

HEP B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other _____

Referrals made Today:

Referred to *hawk-i* today 1-800-257-8563

Health provider authorizes the child to receive the following medications while at child care or school
(Including *over-the-counter* and *prescribed*)

<u>Medication Name</u>	<u>Dosage</u>
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Pain reliever: _____

Sunscreen: _____

Cough medication: _____

Health Provider Statement:

The child may fully participate with **NO** health-related restrictions.

The child has the following **health-related restrictions** to participation: (please specify)

Signature _____

Provider Type (circle) MD DO PA ARNP

Address: May use stamp

Telephone: _____

* Iowa Child Care regulations require an annual parent statement about the child's health. Parents obtaining a physical exam are asked to have their family doctor or clinic use this form.