

Monticello Community Schools
Medical Exam Form

Name _____ Date of Birth _____

Parent/Guardian Name _____

Doctor/Clinic Name _____

Health History:

| Condition: | Date(s) |
|------------------------|---------|
| Hepatitis | _____ |
| Pneumonia | _____ |
| Strep Infection | _____ |
| Chicken Pox | _____ |
| Bladder/Kidney Trouble | _____ |
| Seizure Disorder | _____ |
| Ear Infection | _____ |

Major Injuries/Surgeries: _____

Allergies: _____

Physical Exam:

Ht. _____ Wt. _____ BP _____ P _____

Urinalysis _____

HGB _____

General Exam:

| | | |
|-------------|--------------|------------|
| Head _____ | Throat _____ | GU _____ |
| Eyes _____ | Neck _____ | Ext. _____ |
| Ears _____ | Lungs _____ | |
| Nose _____ | Heart _____ | |
| Mouth _____ | Abd. _____ | |

Conditions which could effect school work _____

*** Lead Testing: Results _____ Date _____

Immunization Plan: IPV #4 _____ Dtap #5 4 _____ MMR #2 4 _____

Hep B _____ Varicella Vac _____

- Please fill out Immunization form on back of Medical Exam Form, or attach signed copy from IRIS.

Examiner's Signature _____

Date: _____



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

| | | |
|--------------------|---------------------|------------------------|
| Student Last Name: | Student First Name: | Birth Date (M/D/YYYY): |
|--------------------|---------------------|------------------------|

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- ☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.
- ☐ **Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- ☐ **Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of
Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Delivery Systems
1-866-528-4020 • <https://idph.iowa.gov/ohds>

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Address: _____
Parent/Guardian: _____ Middle: _____ Date of Birth: _____ Phone: _____
I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
Signature: _____ Date: _____
Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

| | | | |
|--|----------------|-------------------|---------------------------------|
| Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap | Vaccine | Date Given | Doctor / Clinic / Source |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Polio IPV/OPV | | | |
| | | | |
| | | | |
| | | | |
| Measles, Mumps, Rubella MMR | | | |
| | | | |
| | | | |
| | | | |
| Haemophilus influenzae type b Hib | | | |
| | | | |
| | | | |
| | | | |
| Hepatitis B | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|----------------|-------------------|---------------------------------|
| Varicella Chicken Pox <i>If applicant has a history of natural disease write "Immune to Varicella"</i> | Vaccine | Date Given | Doctor / Clinic / Source |
| | | | |
| | | | |
| | | | |
| | | | |
| Pneumococcal PCV/PPSV | | | |
| | | | |
| | | | |
| | | | |
| Meningococcal MCV/MPSV/ Mening B | | | |
| | | | |
| | | | |
| | | | |
| Hepatitis A | | | |
| | | | |
| | | | |
| | | | |
| Rotavirus | | | |
| | | | |
| | | | |
| | | | |
| Human Papilloma Virus HPV | | | |
| | | | |
| | | | |
| | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |

STUDENT VISION CARD

Student First/Last Name _____ Exam Date _____

Student Date of Birth ____/____/____ Student Home Zip Code _____

TO THE PARENT OR GUARDIAN: To fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. Good vision directly contributes to a child's ability to learn while in school. As a part of your back-to-school preparations, it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination. **This card should be signed by the eye care professional and returned to the school nurse or teacher by your child.**

Visual Acuity

☐ Without correction

☐ With present correction

☐ With new correction

At Distance

R20/

L20/

R20/

L20/

R20/

L20/

At Near

R20/

L20/

R20/

L20/

R20/

L20/

External Eye Health

☐ Normal

☐ Other

Internal Eye Health

☐ Normal

☐ Other

Vision Analysis

R

L

☐

☐

Normal eyesight

☐

☐

Nearsighted (myopia)

☐

☐

Farsighted (hyperopia)

☐

☐

Astigmatism

☐

☐

Amblyopia

☐ Other _____

☐ Eye teaming difficulty

☐ Crossed-eyes (strabismus)

☐ Eye focusing difficulty

☐ Sensitivity to light

Vision Correction Recommendations

☐ No correction necessary

☐ No change in present prescription

☐ New prescription needed

To be worn for:

☐ Constant wear

☐ Distance vision only

☐ Near vision only

☐ As needed

TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name: (Please Print) _____

Date _____ Signature _____

The following organizations recommend the use of the Student Vision Card



To order more cards call 1-800-444-1772 • www.iowaoptometry.org

Home Language Survey (2022) - IA – English+12

Date: _____

Student Name: _____ Birth Date: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

School: _____ Grade: _____

Note to districts:

- In accordance with federal law and required by Iowa code, districts are required to administer this HLS for all students at the time of enrollment. This form should be completed once, upon enrollment and not each year.
- **To obtain accurate information, schools should reassure parents that the HLS is used solely to offer appropriate educational services, not for determining legal status, for immigration purposes or any other purpose than best serving the student's educational needs.**
- A complete HLS, signed and dated by the parent must be appropriately filed with the other permanent student enrollment documentation.

Home Language Survey Questions for Parents

The state of Iowa values the diversity represented throughout Iowa, home of more than 200 languages. We collect information on the home language survey from *all* students to make decisions to ensure all students receive equitable access to education.

These questions have been approved by the U.S. Department of Education Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) and are the required HLS questions for all students enrolling into Iowa's K-12 schools beginning the 2022-23 school year.

Please note: The three required, questions are translated into Iowa's top 12 languages other than English. These translations are required for Iowa's HLS.

English

1. What is the primary language used in the home, regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Spanish

1- ¿Cuál es el idioma principal que se usa en la casa, independientemente del idioma que hable el estudiante? _____

2- ¿Cuál es el idioma que el estudiante habla con más frecuencia? _____

Additional Required Information

Please answer all of the following questions. Your responses may give us information about your student's knowledge and skills allowing us to better support your child's educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

Was your child born in the United States? ☐ Yes ☐ No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for *any three years* during their lifetime?

☐ Yes ☐ No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____

Dates Attended _____

Name of School _____ State _____

Dates Attended _____

Right to Translation and Interpretation Services

Your response will help the school provide communication in a language you prefer.

In which language do you prefer to receive written information from school? _____

In which language do you prefer to receive spoken information from school? _____

Have parent/guardian sign and date this document ensuring that the answers within are factual.

| | |
|--|--|
| Parent Name: | |
| Parent Signature: | |
| Interpreter Name (if applicable) | |

3- ¿Cuál es el idioma que el estudiante adquirió por primera vez? _____

Arabic

- _____ 1- الطالب؟ بها يتحدث التي اللغة عن النظر بصرف ، المنزل في المستخدمة الأساسية اللغة هي ما
- _____ 2- الطالب؟ بواسطة تحدثًا اللغات أكثر هي ما
- _____ 3- أولاً؟ الطالب اكتسبها التي اللغة هي ما
-

Vietnamese

1. Ngôn ngữ chính được sử dụng ở nhà, bất kể ngôn ngữ nói của học sinh là gì? _____
2. Ngôn ngữ nói mà học sinh hay sử dụng nhất là gì? _____
3. Ngôn ngữ mà học sinh tiếp thu đầu tiên là gì? _____
-

Karen

- 1 ကံဒိုဝ်ထံးကျိတ်တံးကတိအီလဟံၣ် လတဘၣ်ထွဲကျိတ်လဟုၤကွီဖိစံးကတိအီ၊
မ့ၢ်ကျိတ်မနုၤလဲၣ် _____
- 2 ကျိတ်လဟုၤကွီဖိညီနီၣ်စံးကတိအီအါကတၢ်မ့ၢ်ကျိတ်မနုၤလဲၣ် _____
3. ကျိတ်လဟုၤကွီဖိစံးကတိအီဆိကတိမ့ၢ်ကျိတ်မနုၤလဲၣ် _____
-

Bosnian

1. Koji je primarni jezik koji se koristi kod kuće, bez obzira na jezik kojim govori učenik?

2. Koji je jezik koji učenik najčešće govori? _____
3. Koji je jezik koji je učenik prvo usvojio? _____
-

Swahili

1. Ni lugha gani ya msingi inayotumiwa nyumbani, bila kujali lugha inayozungumzwa na mwanafunzi? _____

2. Ni lugha gani inayozungumzwa mara nyingi na mwanafunzi? _____

3. Ni lugha gani ambayo mwanafunzi alijifunza kwanza? _____

Chinese (Mandarin)

1. 不考虑这名学生说的语言，在家主要使用什么语言? _____

2. 这名学生最常说的是什么语言? _____

3. 这名学生首先学会的是什么语言? _____

Burmese

1. ကျောင်းသားက မည်သည့်ဘာသာစကားကို ပြောသည်ဖြစ်စေ အိမ်တွင် မည်သည့်ဘာသာစကားကို အဓိက ပြောဆိုပါသလဲ။ _____

2. ကျောင်းသားက မည်သည့်ဘာသာစကားကို အများဆုံး အသုံးပြု ပြောဆိုပါသလဲ။ _____

3. ကျောင်းသားက မည်သည့် ဘာသာစကားကို ပထမဆုံး လေ့လာသင်ယူခဲ့ပါသလဲ။ _____

French

1. Quelle est la principale langue de communication utilisée à la maison, indépendamment de la langue parlée par l'élève ? _____

2. Quelle est la langue parlée le plus souvent par l'élève ? _____

3. Quelle langue l'élève a-t-il acquise en premier ? _____

Nepali

1. विद्यार्थीले जुन भाषा बोलेतापनि घरमा बोलिने प्राथमिक भाषा कुन हो? _____

2. विद्यार्थीले प्रायः बोल्ने भाषा कुन हो? _____

3. विद्यार्थीले सुरुमा प्राप्त गरेको भाषा कुन हो? _____

Somalian

1. Waa maxay luuqada koowaad ee guriga laga isticmaalo, iyadoon loo eegayn luuqada ay ku hadlaan ardaygu? _____

2. Waa maxay luuqada uu badanka ku hadlo ardaygu? _____

3. Waa maxay luuqada uu ardaygu ugu horayntiiba helay? _____

Marshallese

1. Ta kajin eo kein kajuon kom ej kenono ilo mweo, jekdon ta kajin eo rijikuul eo ej kenono? _____

2. Ta kajin eo elab an rijikuul eo kōjerbale? _____

3. Ta kajin eo rijikuul eo ear jelā mōktata? _____
