PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE INDENTIFYING INFORMATION AND RECORDS

IDENTIFYI	NG INFORMATIO	<u>ON</u>										
Student Nan	ne:						Gender:	Μ	F	Grade:		
	n:						s Pref	erred La				
Parent or G	uardian Name:											_
RECORD O	F IMMUNIZATIO	<u>DNS</u> TO) BE REPO	ORTED O	N IMMUNI	ZATION CH	ERTIFICA	TE FOI	RM, EPID 2	30.		
MEDICAL I	HISTORY											
Allergies:												
												_
												_
												_
Current Pre	scribed Medicatior	is to be	taken daily	y at schoo	l:							_
												_
												_
												_
Significant H	listorical Informat	ion:										
												_
												_
SCREENIN	<u>G RESULTS:</u>											
BP:	Height:	_(ft.)_		(inches)	Weight	lbs.	BMI		BMI%	/o		
T 74 •	Right 20/		Passed Failed		Hearin	g – Right	Passed		Failed		Referred	
Vision	Left 20/		Referred		Hearin	ng - Left	Passed		Failed		Referred	
Optional:	Hct/HGB:	•		I	.ead:			Urin	alvsis:			
- P								_				_
General app	earance	□No	rmal 🗆 A	Abnormal				Refe	er/Tx:			_
Gross dental (teeth and gums)			ormal 🔲	Abnorma				Refe	er/Tx:			
Head/scalp/skin		🗌 Normal 🔲 Abnormal				Refer/Tx:					_	
-		_		Abnorma				Ref	er/Tx:			
Chest/Lungs				Abnorma					er/Tx:			
Abdomen/G				Abnormal								
Extremities/	UACK			Abnorma Abnormal					er/Tx: er/Tx:			_

This chil	d has the following problems	that may impact the education	nal experience:			
🗌 Visio	on 🛛 Hearing	□ Speech/Language	🗆 Phys	sical	□ Social/Behavioral	□ Cognitive
Specify:						
🗌 This	s child has a health condition	that may require emergency a	ction at school,	e.g. seizures	, allergies. Specify below.	
Recomm	endations (Attach additional	sheet if necessary) <u>:</u>				
(Dia						
<u>`</u>	Check One) child may participate fully i	n school activities including ph	vsical education	1.		
		ool activities including physical			g restriction/adaptation.	
(Specify)	reason and restriction)					
(specify)	reason and restriction)					
ANTICI	PATORY GUIDELINES					
Discusse	d and/or handout given					
🗆 яснооі	L READINESS		•	60 minutes	of exercise/day	
•	Establish routines		🗌 ORAL H		·	
•	After-school care/activities		•	Regular de	ntist visits	
•	Friends		•	Brushing/F	lossing	
•	Bullying		•	Fluoride		
•	Communicate with teacher	'S	□ SAFETY			
MENTA	L HEALTH		•	Sexual safe	•	
•	Family time		•	Pedestrian	-	
•	Anger management		•	Safety helm		
•	Discipline for teaching not	punishment	•	Swimming	-	
	Limit TV, computer TON AND PHYSICAL ACT	11 /1/1/1/	•	Fire escape	-	
	ION AND PHYSICAL ACT Healthy weight	IV11 Y	•		bon monoxide detectors	
•	Well-balanced diet, includi	ng brookfast	•	Guns Sun		
•	Fruits, vegetables, whole g	0	•		tely restrained in all vehic	rles
-	Truits, vegetables, whole g	anis, dan y	·	Арргорпа	tery restrance in an veni	
Addition	al comments or recommenda	ations:				
Signed:			1	Date:		
	Physician/	APRN/PA/EPSDT Provider				
Address:			•	Telephone:		