

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 IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____
Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____
Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

BP: _____ Height: _____ (ft.) _____ (inches) Weight _____ lbs. BMI _____ BMI% _____

Table with columns for Vision (Right 20, Left 20), Hearing - Right, Hearing - Left, and Referred status (Passed, Failed, Referred) with checkboxes.

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

- General appearance [] Normal [] Abnormal Refer/Tx: _____
Gross dental (teeth and gums) [] Normal [] Abnormal Refer/Tx: _____
Head/scalp/skin [] Normal [] Abnormal Refer/Tx: _____
Eyes/Ears/Nose/Throat [] Normal [] Abnormal Refer/Tx: _____
Chest/Lungs/Heart [] Normal [] Abnormal Refer/Tx: _____
Abdomen/Genitalia [] Normal [] Abnormal Refer/Tx: _____
Extremities/back [] Normal [] Abnormal Refer/Tx: _____
Neuro [] Normal [] Abnormal Refer/Tx: _____

This child has the following problems that may impact the educational experience:

- Vision
 Hearing
 Speech/Language
 Physical
 Social/Behavioral
 Cognitive

Specify: _____

- This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

SCHOOL READINESS

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

MENTAL HEALTH

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

NUTRITION AND PHYSICAL ACTIVITY

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

ORAL HEALTH

- Regular dentist visits
- Brushing/Flossing
- Fluoride

SAFETY

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: _____

Signed: _____
Physician/APRN/PA/EPSDT Provider

Date: _____

Address: _____

Telephone: _____