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:

<table>
<thead>
<tr>
<th>Height: _____ ft _____ inches</th>
<th>Weight</th>
<th>BMI:</th>
<th>BMI%</th>
<th>B/P:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Right 20/__________</td>
<td>Passed</td>
<td>Failed</td>
<td>Hearing – Right Passed</td>
<td>Failed</td>
</tr>
<tr>
<td></td>
<td>Failed</td>
<td>Referred</td>
<td>Hearing - Left Passed</td>
<td>Failed</td>
</tr>
</tbody>
</table>

Optional: Hct/HGB: __________________________ Lead: __________________________ Urinalysis: __________________________

Gross dental (teeth and gums) Normal | Abnormal Refer/Tx: __________________________
Head/skull/skin Normal | Abnormal Refer/Tx: __________________________
Eyes/Ears/Nose/Throat Normal | Abnormal Refer/Tx: __________________________
Chest/Lungs/Heart Normal | Abnormal Refer/Tx: __________________________
Abdomen Normal | Abnormal Refer/Tx: __________________________
Scoliosis assessment Normal | Abnormal Refer/Tx: __________________________

(Over)
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

Discuss and/or handout given

☐ SCHOOL READINESS
  • Establish routines
  • After-school care/activities
  • Friends
  • Bullying
  • Communicate with teachers

☐ ORAL HEALTH
  • Regular dentist visits
  • Brushing/Flossing
  • Fluoride

☐ MENTAL HEALTH
  • Family time
  • Anger management
  • Discipline for teaching not punishment
  • Limit TV, computer

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

  NUTRITION AND PHYSICAL ACTIVITY
  • Healthy weight
  • Well-balanced diet, including breakfast
  • Fruits, vegetables, whole grains, dairy

  60 minutes of exercise/day

Additional comments or recommendations:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Additional comments or recommendations:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Signed: ___________________________________________  Date: _______________________

Physician/APRN/PA/EPSDT Provider

Address: ____________________________  Telephone: ____________________________