

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 within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (704 KAR 4:020) 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, EMD 230.

MEDICAL HISTORY

Allergies: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Current Prescribed Medications to be taken daily at school: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Significant Historical Information: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SCREENING RESULTS:

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ BMI: \_\_\_\_\_ BMI% \_\_\_\_\_ Wt: \_\_\_\_\_

Table with screening results for Vision, Hearing - Right, Hearing - Left, Passed, Failed, Referred.

Optional: Hc/NICD: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_
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 [ ] Normal [ ] Abnormal Refer/Tx: \_\_\_\_\_
Scoliosis assessment [ ] 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: \_\_\_\_\_
\_\_\_\_\_

(Over)