KDE/DDS KDESHS002

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

IDENTIFYING INFO	RMATION										
Student Name:					(Gender:	M	F	Grade:		_
Date of Birth:		Ag	e:	yrs	_ months	Pref	erred La	nguage:			_
Parent or Guardian N	ame:										_
RECORD OF IMMU	NIZATIONS T	го ве керо:	RTED ON	IMMUNIZA	TION CEI	RTIFICA	TE FOR	M, EPID 2	30.		
MEDICAL HISTORY											
Allergies:											_
											_
											_
Current Prescribed M	edications to l	be taken daily	at school:								_
											_
											_
											_
Significant Historical	nformation:										_
											_
											_
											_
SCREENING RESUL	TS:										
Height:ft	inches	,	Weight	В	MI:		BMI%		B/P:		
								Failed			
Vision Right 2	0/	Passed Failed		Hearing –	Kigiit	Passed				Referred	
	· 	Referred		Hearing -	· Left	Passed		Failed		Referred	
Optional: Hct/HGE	:		Lea	ad:			Urina	lysis:			
Gross dental (teeth an	d gums)	Normal \(\simeq A	 \bnormal_				— Refe	r/Tx:			
Head/scalp/skin		Normal 🔲 A	Abnormal _				Refe	r/Tx:			_
Eyes/Ears/Nose/Throa	_	Normal A					Refe	r/Tx:			_
Chest/Lungs/Heart		Normal A	_								
Abdomen Scoliosis assessment		Normal A Normal A	_					r/Tx: r/Tx:			_
Sconosis assessment	Ш -	TOTILIAI L	ronoi mai _				Kele	1/ 1 X			_

This child has the following problems that may impact the € ☐ Vision ☐ Hearing ☐ Speech/Langu	
Specify:	
☐ This child has a health condition that may require eme	ergency 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 inclu	uding physical education.
	physical education with the following restriction/adaptation.
(Specify reason and restriction)	
AVENCY TO DAY CATED A VICE	
ANTICIPATORY GUIDELINES Discussed and/or handout given	
SCHOOL READINESS	• 60 minutes of exercise/day
Establish routines	ORAL HEALTH
After-school care/activities	Regular dentist visits
 Friends 	Brushing/Flossing
• Bullying	• Fluoride
Communicate with teachers	\square SAFETY
MENTAL HEALTH	Sexual safety
Family time	Pedestrian safety
Anger management	• Safety helmets
 Discipline for teaching not punishment 	 Swimming safety
Limit TV, computer	• Fire escape plan
NUTRITION AND PHYSICAL ACTIVITY	 Smoke/carbon monoxide detectors
 Healthy weight 	• Guns
 Well-balanced diet, including breakfast 	• Sun
• Fruits, vegetables, whole grains, dairy	Appropriately restrained in all vehicles
Additional comments or recommendations:	
Signed:	Date:
Physician/APRN/PA/EPSDT Pro	ovider
Address:	Telephone: