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>
<th>Vision</th>
<th>Right 20/_______</th>
<th>Passed</th>
<th>Failed</th>
<th>Referred</th>
<th>Hearing – Right</th>
<th>Passed</th>
<th>Failed</th>
<th>Referred</th>
<th>Left 20/_______</th>
<th>Passed</th>
<th>Failed</th>
<th>Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional: Hct/HGB:</td>
<td>Lead:</td>
<td>Urinalysis:</td>
<td>Gross dental (teeth and gums)</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Refer/Tx:</td>
<td>Head/scalp/skin</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Refer/Tx:</td>
<td>Eyes/Ears/Nose/Throat</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Refer/Tx:</td>
<td>Chest/Lungs/Heart</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>
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

☐ 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

☐ 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

Additional comments or recommendations:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Signed: ____________________________  Date: ____________________________

Physician/APRN/PA/EPSDT Provider

Address: ____________________________  Telephone: ____________________________