

PREVENTATIVE HEALTH CARE EXAMINATION FORM - INITIAL ENTRY [headstart - fourth (4) grade]

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. Local school boards may extend this time not to exceed two (2) months. The administration shall have an approved program of continuous health supervision which shall include evidence of having been screened for vision and hearing.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____

Social Security Number: _____ Date of Birth: _____

Parent or Guardian Name: _____

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

MEDICAL HISTORY

Seizures: _____

Chronic Illness: _____

Allergies: _____

Medications: _____

Significant Historical Information: _____

Physical Exam:

| N. | Abn. | |
|-------|-------|--------------------|
| _____ | _____ | General Appearance |
| _____ | _____ | HEENT |
| _____ | _____ | Skin |
| _____ | _____ | Neck |
| _____ | _____ | Chest |
| _____ | _____ | Heart |
| _____ | _____ | Abd - Genitalia |
| _____ | _____ | Extremities-Back |
| _____ | _____ | Neuro |

Hgt: _____ Wgt: _____ BP: _____ / _____
Hearing: R _____ L _____
Vision: R _____ / _____ L _____ / _____
STRABISMUS/AMBLYOPIA SCREEN ABNORMAL
Optional—HCT/HGB: _____ (required for headstart)
Optional—UA: _____

Explain Abnormal Exam: _____

Recommendations:

_____ No Restrictions: Normal Exam

_____ RESTRICTIONS AND SUGGESTIONS TO SCHOOL: _____

Age appropriate and suggested anticipatory guidance (health assessments)

- Discuss injury prevention with parents
 - Bicycle Safety
 - Car Seat Belts
 - Memorization of Name, Address and Phone Number
- Advise the child not to go with or accept anything from strangers and feel free to say "NO" to strangers.
- Emphasize the importance of dental care.
- Discuss mental health issues.

Signed: _____ Date: _____
Physician/ARNP/PA/EPSTDT Provider

Address: _____ Telephone: _____

Kentucky Department of Education