



Kansas Health Assessment

Student's Name (please print) _____

Birthdate _____ **Grade** _____ **School** _____

As required by KSA 72-6267, every pupil up to the age of nine years who has not previously enrolled in any school in the state, prior to admission to school, shall present to the school the results of a health assessment conducted within the past twelve months by a physician or by a person acting under the direction of a physician or by a nurse who has completed the KDHE training and certification.

-----REVIEW OF SYSTEMS-----

I have examined the above named child and obtained a medical history.

EENT _____
Hearing _____ Vision _____ Glasses? _____
Respiratory System _____
Asthma? _____ Allergies? _____
Cardiovascular System _____
BP _____ Heart Disease? _____ Limitation? _____
Gastrointestinal System _____
Genitourinary System _____
Musculoskeletal System _____ Skin _____
Central Nervous System _____ Epilepsy? _____
Endocrine System _____ Diabetes Mellitus? _____
Nutritional Status _____ Ht. _____ Wt. _____
Any restrictions on physical activities? _____

Are routine medications prescribed? Yes _____ No _____ If yes, which medications? _____
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Attention Medical Care Provider:

If medication is to be given at school, please fill out the **Request to Administer Medication at School** form. In addition, please complete the **Kansas Certificate of Immunization**.

Physician's Signature

Date