

HEALTH ASSESSMENT AUGUSTA USD 402

According to K.S.A. 72-5214, every pupil who has not previously enrolled in a Kansas school shall present to the school the results of a health assessment that has been conducted within 12 months prior to school entry.

STUDENTS NAME _____ DATE OF BIRTH _____

PHYSICAL EXAMINATION:

Height _____ Weight _____ Heart Rate/Rhythm _____ BP _____

(Record positive findings only)

HEAD _____ ABDOMEN _____

EENT _____ GU _____

TEETH _____ GYN _____

HEART _____ SKELETAL _____

LUNGS _____ NEUROLOGICAL _____

SCREENING TESTS & LAB RESULTS: (dates and results if applicable)

VISION _____ Tbc TEST _____

HEARING _____ Hgb _____

DDST _____ U.A. _____

OTHER _____

LIST ANY CONCERNS, RECOMMENDATIONS OR LIMITATIONS FOR THIS STUDENT:

Date _____ Physician's signature _____

IMMUNIZATION HISTORY MAY BE COMPLETED ON THE KANSAS CERTIFICATE OF IMMUNIZATION FORM.