

Wichita Public Schools
Division of Student Support Services
DEPARTMENT OF HEALTH SERVICES
HEALTH EXAM REPORT

Student Name _____ Birthdate _____ Grade _____ School _____

PARENTS - Kansas State Law requires a health assessment for all children less than 9 years of age entering a Kansas school for the first time. Please obtain an examination for your child from your Health Care Provider.

Nutritional Status _____ Ht. _____ Wt. _____ BMI _____ BP _____

EENT - Eye, Ear, Nose & Throat _____

Respiratory System _____

Asthma Yes No Comment - _____

Allergies Yes No List Allergies - _____

Cardio-Vascular System _____

Heart Disease Yes No Limitation - _____

Gastrointestinal System _____

Genitourinary System _____

Musculo-Skeletal System _____

Scoliosis Yes No Comment - _____

Central Nervous System _____

Seizure Disorder Yes No Comment - _____

Endocrine System _____

Diabetes Mellitus Yes No Comment - _____

Mental Health Concern Yes No Comment - _____

Social Development - family, peer, school _____

Please comment on health condition(s) _____

Are routine medications prescribed? Yes No Comment - _____

If medication is to be given at school, please complete the **Authorization for Medication/Procedure at School** form.

What are your health recommendations - _____

Date _____

Printed Name of Physician/ARNP/PA _____

Signature of Physician/ARNP/PA _____

5.4007S

March 2020

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