

Haysville Public Schools Child Health Assessment

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 his/her health care provider.

Physical Examination

Height: _____ Weight: _____ BMI: _____ BP: _____

EENT: _____

Respiratory System: _____

Asthma Yes No Comment: _____

Allergies Yes No Comment: _____

Cardiovascular System: _____

Heart Disease Yes No Limitation: _____

Gastrointestinal System: _____

Genitourinary System: _____

Musculoskeletal System: _____

CNS: _____

Seizure Disorder Yes No Comment: _____

Endocrine System: _____

Diabetes Mellitus: Yes No Comment: _____

Mental Health Concern: Yes No Comment: _____

Speech / Social Development: _____

Are routine medications prescribed? Yes No Comment: _____

If medication is to be given at school, please complete USD 261's *Permission to Administer Medication* form.

Please comment on any health conditions/concerns or restrictions: _____

Do you see this child for regular health supervision? Yes No

Signature of Physician/ARNP/PA

Date

Printed Name of Physician/ARNP/PA

Phone Number