

**PREVENTATIVE HEALTH CARE EXAMINATION FORM**

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 and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ months Preferred Language: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

MEDICAL HISTORY

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Prescribed Medications to be taken daily at school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Significant Historical Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCREENING RESULTS:

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ BMI: \_\_\_\_\_ BMI% \_\_\_\_\_ B/P: \_\_\_\_\_

Vision	Right 20/_____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Gross dental (teeth and gums)  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Head/scalp/skin  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Eyes/Ears/Nose/Throat  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Chest/Lungs/Heart  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Abdomen  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Scoliosis assessment  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

