Unified School District 322
Onaga-Havensville-Wheaton
USD 322 District Office Building – 500 High – P. O. Box 60 – Onaga Kansas – 66521
Phone 785.889.4614 – Fax 785.889.4662

Student Health Assessment

This document is a confidential medical record for the school, and will only be released upon signature of Parent/Guardian.

General Information: To be completed by Parent/Guardian

Student's Name: _____ Date of Birth: _____

Allergies: _____ Gender: _____ Race (Optional): _____

Doctor (Name & Location): _____

Specialist (Name/Location): _____

Dentist (Name/Location): _____

Optometrist (Name/Location): _____

Parent/Guardian(s) with medical authority:

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Family History: Direct relation

	Name	Age of Diagnosis	Significant Illness, Disorder, or Handicaps
Father			
Mother			
Siblings			
Grandparents			

Student History:

	Year(s) of Occurrence	Remarks		Year(s) of Occurrence	Remarks
Prenatal/ Birth			Frequent Colds/Sore Throats		
Childhood Diseases			Earaches/ Draining Ears		
Accidents			Vision Problems		
Hospitalizations			Dental Problems		
Allergies/ Asthma			Behavior Problems		

Routine or Emergency Medications (as applicable):

Medication Name	Medication Dose	Medication Route	Medication Used For	Prescribed by	Comments

Please list any other significant medical or health information: _____
_____
_____

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Physical Examination: To be completed by medical professional.

Vital Statistics:

Height: _____ Weight: _____

Blood Pressure: _____ Pulse Rate: _____ Temperature: _____ Respiratory Rate: _____

Systems Review:

	Comments
EENT	
Neurological	
Pulmonary	
Cardiovascular	
Abdomen	
GI	
GU	
Lymphatic	
Musculoskeletal	
Skin	
Other	

Significant Assessment Findings:_____
_____

Recommendations (Include any special school needs):_____
_____

_____ _____ _____

Provider Signature/Credentials | Printed Provider Name | Date Completed