



## USD 463 HEALTH ASSESSMENT FOR CHILDREN AND YOUTH

Kansas State Law requires that a physical assessment be completed for any student up to age 9 entering school in Kansas for the first time.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M or F Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physical Examination** - To be completed by a healthcare professional approved to perform health assessments.

Height:	Weight:	Vital Signs:
Allergies (please list)		
Integument		
Head - Neck		
EENT		
Oral - Dental		
Thorax		
Neurological		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		
Special Dietary Needs		
Other:		

**Significant Assessment Findings:**

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Is this student subject to any condition that might cause a possible classroom emergency such as seizures, fainting, diabetes, asthma, allergies, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

**Recommendations: (Include referrals)**

**Can this student participate fully in school activities? Yes \_\_\_\_\_ No \_\_\_\_\_**

Additional information may be attached.

\*Laboratory Results (if completed):

Lead Screen Results:	Anemia: HGB _____ HCT _____	Sickle Cell:	UA:	Hearing/Vision:
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Physician, RPA, ARNP or RN certified by KDHE to perform health assessments

\_\_\_\_\_  
Printed Name of Licensed Physician, RPA, ARNP or RN certified by KDHE to perform health assessments