

USD 112 Central Plains

School Health Examination Record

Dear Parent/Guardian:

The State of Kansas (K.S.A 72-5214) and USD 112 requires a health assessment for all children less than nine (9) years of age entering a Kansas school for the first time. Please obtain an examination for your child from your Health Care Provider.

This portion to be filled out by parent:

Student Name _____ Parent Name _____
Address _____ Phone Number _____
Grade _____ Date of Birth _____ Male _____ Female _____

This portion to be filled out at the discretion of physician/health care provider:

Height _____	Weight _____	BP _____	Pulse _____
Hearing R _____	L _____	Vision R20/ _____	L20/ _____
Corrected Yes _____	No _____		
ENT _____		Skin _____	
Lymph Nodes _____		Neurologic _____	
Orthopedic _____		Genitourinary _____	
Heart _____		Hemoglobin _____	
Lungs _____		Urinalysis _____	
Hernia _____		Nutrition _____	

Is this student subject to any condition which makes for a classroom emergency such as:

Epilepsy _____	Fainting _____
Diabetes _____	Asthma _____
Allergies _____	Other _____

Current Medications: _____

Comments: _____

Date _____ Health Care Provider Signature _____