

# SCHOOL HEALTH EXAMINATION

Liberal Unified School District No. 480

Dear Parents/ Guardians:

A health assessment is required for students 8 years old and under who have not previously attended a Kansas public school.

IMPORTANT: KANSAS STATE LAW AND U.S.D. 480 SCHOOL BOARD POLICY REQUIRE THAT THE PHYSICAL ASSESSMENT BE COMPLETED WITHIN 90 CALENDAR DAYS AFTER ADMISSION TO SCHOOL.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

## TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER:

|                       |                                |
|-----------------------|--------------------------------|
| Height _____          | Weight _____                   |
| Ears _____            | Hernia _____                   |
| Nose _____            | Head _____                     |
| Throat _____          | Dental _____                   |
| Neck _____            | Breast _____                   |
| Heart _____           | Orthopedic _____               |
| Lungs _____           | Neurologic _____               |
| Skin _____            | Genito-Urinary _____           |
| Abdomen _____         | Nutrition _____                |
| Pulse _____ B/P _____ | Hgb/Hct _____ Urinalysis _____ |

Significant Assessment Findings:

Recommendations (including referrals):

Follow-up:

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

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

\_\_\_\_\_  
Signature of Licensed Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

(Please return original copy to school)