# HEALTH ASSESSMENT FOR CHILDREN AND YOUTH
## MUST BE TAKEN TO A PHYSICIAN

Physical exam are required for all new students to Kansas schools, and students entering the 6th and 9th grades.

Name:_____ Birth date:_____ Male/Female:_____

Address:_____ City:_____ Zip:_____

Parent/Guardian:_____ Work Phone:_____ Home Phone: _____

Child Lives with:_____ Work Phone:_____ Home Phone:_____

Number in Household:_____ Type of Family Housing:_____

Physician:_____ Date of Last Examination:_____

Dentist:_____ Date of Last Examination:_____

Eye Doctor:_____ Date of Last Examination:_____

School:_____ Community Services:_____

## FAMILY HEALTH HISTORY

Response Codes: M=Maternal P=Paternal S=Sibling NA=Not applicable

| | Code | Comment |
|---|---|---|
| 1. Are there any chronic illness problems in your family such as heart disease, diabetes, cancer, Convulsions, mental illness, substance abuse, or others? | | |
| 2. Does any family member have a vision defect, hearing loss or spinal deformity? Comment? | | |

## CHILD/ADOLESCENT HISTORY

Response Codes: Y=Yes N=No NA=Not applicable

| | | |
|---|---|---|
| 1. Birth Weight_____, Were there any prenatal or delivery problems with this child? | | |
| 2. Did this child walk, talk, and develop at the usual time? | | |
| 3. Does this child/adolescent: | | |
| A. See a health care provider regularly? | | |
| B. Use any medication, drugs, or alcohol? | | |
| C. Have a history of any hospitalizations, surgeries, or emergency room visits? | | |
| D. Have a history of any childhood diseases/illnesses? | | |
| E. Have a history of other communicable diseases? | | |
| F. Age of Menarche_____Have a history of menstrual problems? | | |
| G. Have a history of vision, speech, hearing, or communication problems? | | |
| H. Have a problem with being tired or overactive? | | |
| I. Have any emotional or behavioral problems? | | |
| J. Need any special help in school or day care? | | |
| K. Have sexuality concerns? | | |
| L. Have any chronic illness or disabling problems with: | | |

| | | | | |
|---|---|---|---|---|
| Headache_____ | Convulsions_____ | Diabetes_____ | Earaches_____ | Back/Spine_____ |
| Colds/Sore Throat_____ | Rheumatic Fever_____ | Genitalia_____ | Oral/Dental_____ | Extremity Problems____ |
| Heart/Lung disease_____ | Allergies/Asthma_____ | Digestive_____ | Urinary/Bowel_____ | Other_____ |

List any present concerns of child/parent/guardian:

Name:_____

**PHYSICAL EXAMINATION: To be completed by health care provider approved to perform Health Assessments.**

Height_____ Weight_____ Hgb or Het_____
Pulse_____ Blood Pressure_____ Lead_____
Urinalysis_____ Sickle Cell_____ Other_____
Tuberculosis_____ Head Circumference_____

| Code Each Item as follows:<br>0=No significant findings<br>1=Significant findings | Code | Description of Findings |
|---|---|---|
| General Appearance | | |
| Integument | | |
| Head-Neck | | |
| EENT | | |
| Oral-Dental | | |
| Thorax | | |
| Breasts | | |
| Cardiovascular | | |
| Abdomen | | |
| Musculoskeletal | | |
| Genitourinary | | |
| Neurological | | |

**SCREENING**

1. Nutritional Evaluation – Results_____
2. Development: Type of Screen_____Results_____
3. Speech: Type of Screen_____Results_____
4. Hearing: Type of Screen_____Results_____
5. Vision: Type of Screen_____Results_____

| Significant Assessment Finding: | Anticipatory Guidance: (Circle those discussed) | |
|---|---|---|
| | 1. Safety/poisons | 8. Lifestyles |
| | 2. Nutrition | 9. Development |
| | 3. Parenting | 10. Behavior |
| Recommendations: (to parents, teachers-include any referrals) | 4. Family Planning | 11. Sexuality |
| | 5. Discipline | 12. Dental |
| | 6. Immunizations | 13. Other |
| Follow up: | 7. Hygiene | |
| | Comments: | |

**RECOMMENDATIONS FOR PHYSICAL EDUCATION:**

Full Program_____ Restricted (explain)_____

No Participation (explain)_____

_____

Additional Information may be attached

_____ _____
Signature of Licensed Physician or Nurse approved to perform health assessments Date

***Medication may be given at school only with a signed physician order and medication must be brought to school in the original container.**