

HEALTH ASSESSMENT FORM FOR COMPLIANCE
WITH K.S.A. 72-5214 (Health Assessment at School Entry)

I hereby consent for my child, _____,
to receive a health assessment screening. I understand that this screening includes:
hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition,
developmental, health history, and a complete physical examination.

**If the HEALTH ASSESSMENT FOR CHILDREN AND YOUTH form is
used for school entry, a copy should accompany the student to school.**

Parent/guardian

Date

Do not write below this line

I certify that _____ has competed the health assessment screening
Child's name
required by Kansas law.

Health Care Provider

Date

Complete and attach this section only if parent refuses to sign consent on Health Assessment form for Children and Youth.

PHYSICAL EXAMINATION: To be completed by health care provider approved to perform health assessments.

Height: _____ Weight: _____ Hgb or Hct: _____
 Pulse: _____ Blood Pressure: _____ Lead _____
 Urinalysis: _____ Sickle Cell: _____ Other _____
 Tuberculosis: _____ Head Circumference: _____

Code each item as follows: 0 = No significant findings 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 (all ages - each screen) (/ if applicable). Nutrition/WIC questionnaires available from 785-296-0092.
 " Enrolled in WIC " Receiving vitamin supplement with iron " Without iron " Fluoride supplement

Food intake review. Results:

milk/milk products (breast fed/type of formula) _____
 fruit/vegetables _____
 Meat, beans, eggs _____
 breads, cereals _____

2. Development: Type of screen _____ Results: _____
 3. Speech: Type of screen _____ Results: _____
 4. Hearing: Type of screen _____ Results: _____ Date last screen: _____
 5. Vision: Type of screen _____ Results: _____ Date last screen: _____

Significant assessment findings:

Recommendations (include referrals):

Follow Up:

Additional information may be attached

Anticipatory Guidance (circle those discussed)

- | | |
|--------------------|----------------|
| 1. Safety/poisons | 8. Lifestyle |
| 2. Nutrition | 9. Development |
| 3. Parenting | 10. Behavior |
| 4. Family planning | 11. Sexuality |
| 5. Discipline | 12. Dental |
| 6. Immunizations | 13. Other |
| 7. Hygiene | |

Comments:

_____ Date

_____ Signature of physician or nurse approved to perform health assessments