



USD 465 HEALTH ASSESSMENT FOR CHILDREN AND YOUTH

Kansas State Law and USD 465 school board policy require that the physical assessment be completed for any student up to age 9.

Name _____ Birthdate _____ M/F _____ Grade _____
Parent/Guardian _____ Phone(W) _____ (H) _____

Physical Examination-To be completed by health care professional approved to perform health assessments.

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

Significant Assessment Findings:

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

Date

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