

**PREVENTATIVE HEALTH CARE EXAMINATION FORM – INITIAL ENTRY [Headstart - Fourth (4<sup>th</sup>) Grade]**

All local boards of education shall require a second and third preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school. Local school boards may extend this time not to exceed two (2) months. The administration shall have an approved program of continuous health supervision which shall include evidence of having been screened for vision and hearing.

**PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS**

**IDENTIFYING INFORMATION**

**Student Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Parent or Guardian Name:** \_\_\_\_\_

**RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.**

**MEDICAL HISTORY**

**Seizures:** \_\_\_\_\_  
**Chronic Illness:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
**Medications:** \_\_\_\_\_  
**Significant Historical Information:** \_\_\_\_\_

**Physical Exam:**

	<b>Normal</b>	<b>Abnormal</b>		<b>Hgt:</b> _____	<b>Wgt:</b> _____	<b>BP:</b> _____ / _____
_____	_____	_____	<b>General Appearance</b>	<b>Hearing:</b> R _____		L _____
_____	_____	_____	<b>HEENT</b>	<b>Vision:</b> R _____ / _____		L _____ / _____
_____	_____	_____	<b>Skin</b>	<b>Optional</b> ---- HCT/HGB: _____		(required for Headstart)
_____	_____	_____	<b>Neck</b>	<b>Optional</b> ---- UA: _____		
_____	_____	_____	<b>Chest</b>			
_____	_____	_____	<b>Heart</b>			
_____	_____	_____	<b>Abd-Genitalia</b>			
_____	_____	_____	<b>Extremities-Back (including scoliosis screen for 6<sup>th</sup> grade)</b>			
_____	_____	_____	<b>Neuro</b>			

**Explain Abnormal Exam:** \_\_\_\_\_

**Recommendations:**

\_\_\_\_\_ **No Restrictions: Normal Exam**  
 \_\_\_\_\_ **RESTRICTIONS AND SUGGESTIONS TO SCHOOL:** \_\_\_\_\_

**Age Appropriate and Suggested Anticipatory Guidance (Health Assessments)**

- Discuss injury prevention with parents
  - Bicycle Safety
  - Car Seat Belts
  - Memorization of Name, Address, and Phone No.
- Advise the child not to go with or accept anything from strangers and feel free to say "NO" to strangers.
- Emphasize the importance of dental care.
- Discuss mental issues.

**Advise Adolescents About the Following Good Health Habits and Self-care - See sample reference on back of form.**

- Risk behaviors were discussed and addressed
- Risk behaviors were not addressed today

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Physician/ARNP/PA/EPSTD Provider*

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_