

**ROSE HILL USD 394
HEALTH ASSESMENT FORM**

As required by K.S.A. 5214, every pupil up to the age of nine years who has not previously enrolled in any school in the state, prior to admission to school, shall present to the school the results of a health assessment conducted within the past twelve months by a physician or by a person acting under the direction of a physician or by a nurse who has completed the KDHE training and certification. Failure to comply with this policy will result in a pupil being excluded from school until compliance is achieved. Exemption under this policy may be obtained by a written statement signed by one parent/guardian that the student is adherent of a religious denomination whose teachings are opposed to such assessments.

Student's Name _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ School: _____

I have examined the above named child and reviewed medical history.

REVIEW OF SYSTEMS

EENT (eye, ear, nose and throat) _____
Hearing _____ Vision _____

Respiratory System _____
Asthma _____ Allergies _____

Cardiovascular System _____
BP _____ Heart Disease _____ Limitations _____

Genitourinary System _____

Musculoskeletal System _____ Ht. _____ Wt. _____

Central Nervous System _____
Epilepsy _____

Endocrine System _____
Diabetes Mellitus _____

Please comment on health conditions:

Are any routine medications prescribed? Yes ___ No ___ If yes, which medications? _____

Attention Medical Care Provider: If medication is to be given at school, please fill out the Request to Administer Medication at School form. In addition, please complete the Kansas Certificate of Immunization.

Physicians signature _____ Date _____