December 1999

PREVENTATIVE HEALTH CARE EXAMINATION FORM - Sixth (6th) Grade Form (for grades 5-12)

All local boards of education shall require a second and third preventative health care examination of each child within one (1) year prior to entry into the sixth (6th) grade or subsequent grades. Each board shall have an approved program of continuous health supervision in accordance with current statutes and regulations, vision, hearing and scoliosis scheduled screening tests. Local school districts shall establish a plan for implementation and compliance with the sixth (6th) grade examination.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION Grade: 5th 6th 7th 8th 9th 10th 11th 12th *(Circle appropriate grade)*

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:

N.	Abn.		
_____	_____	General Appearance	Hgt:_____ Wgt:_____ BP: _____/_____
_____	_____	HEENT	Hearing: R _____ L _____
_____	_____	Skin	Vision: R_____/_____ L ____/_____
_____	_____	Neck	Optional--------HCT/HGB: _____
_____	_____	Chest	Optional----------UA: _____
_____	_____	Heart	
_____	_____	Abd-Genitalia	
_____	_____	Extremities-Back (including scoliosis screen for 6th grade)	
_____	_____	Neuro	

Explain Abnormal Exam: _____

_____

Recommendations:

_____ No Restrictions: Normal Exam

_____ RESTRICTIONS AND SUGGESTIONS TO SCHOOL: _____

_____

_____

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

1. How have things been going for you at school? With your peers?
2. How do you rate your own health?
3. What concerns do you have about your own development?

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/EPSDT Provider

Address: _____ Telephone: _____

Risk Assessment on reverse side

Kentucky Department of Education