

Wichita Public Schools
DEPARTMENT OF HEALTH SERVICES
HEALTH EXAMINATION REPORT

Pupil's Name _____ Birthdate _____ Grade _____ School _____

TO PARENTS: For maximum health, we believe your child should have a periodic health examination.
Kansas State Law requires a health assessment for all children, under 9 years of age, entering a Kansas school for the first time.
Please obtain an examination for your child by your health care provider.
Health Care Providers may use (✓) for normal or negative findings. Please comment on other findings.
EENT (Eye, Ear, Nose &Throat) _____

Respiratory System _____
Asthma? _____ Allergies? _____

Cardio-Vascular System _____
BP _____ Heart Disease? _____ Limitation? _____

Gastrointestinal System _____
Nutritional Status _____ Ht. _____ Wt. _____ BMI. _____

Genitourinary System _____
Musculo-Skeletal System _____

Scoliosis? _____
Central Nervous System _____

Seizure Disorder? _____
Endocrine System _____

Diabetes Mellitus? _____
Mental Health? _____

Social Development (family, peer, school) (if appropriate) _____
Please comment on health condition(s) _____

Are routine medications prescribed? Yes No
If medication is to be given at school, please complete the Request to Administer Medication at School form.
What are your health recommendations: _____

Date _____ Physician/ARNP/PA Signature _____
5.4007S _____ March08

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