

# MAIZE USD 266 HEALTH ASSESSMENT

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: \_\_\_\_\_

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I have examined the above named child and obtained a medical history.

## REVIEW OF SYSTEMS

EENT (eye, ear, nose and throat) \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_

Respiratory System \_\_\_\_\_

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Cardiovascular System \_\_\_\_\_

BP \_\_\_\_\_ Heart Disease \_\_\_\_\_ Limitations \_\_\_\_\_

Gastrointestinal System \_\_\_\_\_

Genitourinary System \_\_\_\_\_

Musculoskeletal System \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Central Nervous System \_\_\_\_\_

Epilepsy \_\_\_\_\_

Endocrine System \_\_\_\_\_

Diabetes Mellitus \_\_\_\_\_

Please comment on health conditions:

Are routine medications prescribed? Yes  No  If yes, which medications? \_\_\_\_\_

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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.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**