PREVENTATIVE HEALTH CARE EXAMINATION FORM - INITIAL ENTRY [headstart - fourth (4) grade]

All local boards of education shall require a 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

Kentucky Department of Education

IDENT	CIFYING INFORMATION	
Student	Name:	
Social S	ecurity Number:	Date of Birth:
Parent o	or Guardian Name:	
RECO	RD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNI	IZATION CERTIFICATE FORM, EPID 230.
MEDIC	CAL HISTORY	
Seizures	s: -	
Chronic	e Illness:	
Allergie	s:	
	tions:	
Significa	ant Historical Information:	
Physical N.	Abn. General Appearance HEENT Skin Neck Chest Heart Abd - Genitalia Extremities-Back Neuro	Hgt: Wgt: BP: / Hearing: R L Vision: R L L STRABISMUS/AMBLYOPIA SCREEN ABNORMAL OptionalHCT/HGB: (required for headstart) OptionalUA:
Recomn	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 Number 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 health issues.		
Signed:		Date:
	Physician/ARNP/PA/EPSDT Provider	
Address	:	Telephone: