

KENTUCKY PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child within one (1) year prior to entry into the 9th grade. Each board shall have an approved program of continuous health supervision in accordance with current statutes and regulations..

A PHYSICIAN SHOULD COMPLETE THE FOLLOWING INFORMATION.

Student Name: _____
Social Security number: _____ Date of Birth: _____
Parent or Guardian Name: _____

MEDICAL HISTORY

Seizures: _____
Chronic Illness: _____
Allergies: _____
Medications: _____
Significant Historical Information: _____

Physical Exam:

N.	Abn.		Hgt: _____	Wgt: _____	BP: _____ / _____
_____	_____	General Appearance	Hearing: R _____	L _____	
_____	_____	HEENT			
_____	_____	Skin	Vision: R _____ / _____	L _____ / _____	
_____	_____	Neck			
_____	_____	Chest			
_____	_____	Heart	Optional=====HCT/HGB: _____		
_____	_____	Abd-Genitalia	Optional=====UA: _____		
_____	_____	Extremities-Back			
_____	_____	Neuro			

Explain Abnormal Exam: _____

Recommendations:

_____ No Restrictions - Normal Exam
_____ No Restrictions - Abnormal Exam - Explain: _____
_____ RESTRICTIONS AND SUGGESTIONS TO SCHOOL: _____

Special Seating Needed: YES _____ NO _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID.230

Signed: _____ Date: _____
Physician/ARNP/PA/EPSTD Provider

Address: _____ Phone #: _____

***TO THE PHYSICIAN**

Before a child may enroll in a Kentucky school, s/he must have the following:

1. A current Kentucky Immunization Certificate showing:

- that the child has received all immunizations recommended by the Cabinet of Human Resources and the State Public Health Department. This includes at least **ONE DPT** and **OPV** booster after the age of 4 years, and one vaccination for **MEASLES/RUBELLA**. A measles/rubella booster is due between the fifth & sixth grades.
- the dates of all immunizations received by the child
- the signature of the physician on the Certificate

2. A School Medical Examination Form showing:

- that a physical examination was performed within one year **BEFORE ENROLLMENT**