**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 6 th 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: 301 Middletown Park Place Suite C, Louisville, KY 40243 Telephone: (502) 244-9858\_\_\_\_\_\_\_\_**