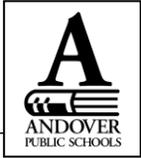


ANDOVER PUBLIC SCHOOLS USD 385
HEALTH EXAMINATION REPORT



Pupil's Name _____ SS# _____ Birth Date _____ Grade _____
Last First

To Parents: For maximum health your child should have a periodic health examination. If your child is entering Kindergarten (or is new to Kansas Schools and is under 9 years of age) please obtain an examination of your child by your family doctor. Gender: M _____ F _____

Height _____ Weight _____ BP _____ T _____ P _____ R _____

Central Nervous System _____

Epilepsy? _____ Emotional Disturbance? _____

Cardio-Vascular System _____

Heart Disease? _____ Limitation? _____

EENT (Eye, Ear, Nose & Throat) _____

Myringotomy? _____ Glasses? _____

Endocrine System _____

Diabetes Mellitus? _____

Gastrointestinal System _____

Nutritional Status _____

Genitourinary System _____

Musculo-Skeletal System _____

Scoliosis? _____ Arthritis? _____

Respiratory System _____

Asthma? _____ Allergies? _____

Social Development (family, peer, school if appropriate) _____

Recommendations: _____

Physician's Signature _____ Date _____

Immunization – Please attach green Kansas Certificate of Immunization (KCI) with all dates for DPT, Polio, MMR, Varicella, Hepatitis B and other needed immunizations recorded with Physician Signature and Date.

Optional other vaccines or tests: _____

Are routine medications prescribed? Yes No

Severe Allergies: Yes No Epi Pen Yes No
To:

NOTE: If medication is to be given at school, please provide written physician/parental request.

Physical Education:

Regular _____

Limited (explain) _____

None (explain) _____

Date _____

MAY USE BACK OF CARD FOR ADDITIONAL SPACE