



## Arkansas City Public Schools

2545 Greenway, Arkansas City, KS 67005  
Phone: 620-441-2000 Fax: 620-441-2009  
www.usd470.com

Kansas State Law and USD 470 school board policy require that the physical assessment be completed within 90 days after admission to school for student 8 years old and under.

Student's name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
To be completed by licensed health care provider

Height _____	Weight _____
Ears _____	Hernia _____
Nose _____	Head _____
Throat _____	Dental _____
Neck _____	Breast _____
Heart _____	Ortho _____
Lungs _____	Neurology _____
Skin _____	Genitourinary _____
Abdomen _____	Nutrition _____
Vital Signs: _____	

Immunizations up to date: Yes \_\_\_\_\_ No \_\_\_\_\_

Significant Assessment Findings:

Recommendations (including referrals):

Follow up:

Is this student subject to any condition that might cause a possible classroom emergency such as seizures, fainting, diabetes, asthma, allergies, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you see this child for regular health supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Address

\_\_\_\_\_  
Date

(Please return original copy to school)