

### Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Child Health Assessment is optional for children in Registered Family Day Care Homes. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. Any Health Assessment Form should be attached to the KDHE Medical Record Form.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Past Health History (Developmental – Illness – Hospitalization) \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Nutritional Status \_\_\_\_\_

#### Physical Examination

Height \_\_\_\_\_

Weight \_\_\_\_\_

Head \_\_\_\_\_

Abdomen \_\_\_\_\_

EENT \_\_\_\_\_

GU \_\_\_\_\_

Teeth \_\_\_\_\_

GYN \_\_\_\_\_

Heart \_\_\_\_\_

Skeletal \_\_\_\_\_

Lungs \_\_\_\_\_

Neurological \_\_\_\_\_

#### Screening Tests (Dates Done and Results)

Vision \_\_\_\_\_

TBC. Test \_\_\_\_\_

Hearing \_\_\_\_\_

Sickle Cell \_\_\_\_\_

Speech \_\_\_\_\_

HGB. \_\_\_\_\_

DDST \_\_\_\_\_

U.A. \_\_\_\_\_

Lead \_\_\_\_\_

Other \_\_\_\_\_

Diagnosis:

Recommendation:

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

\_\_\_\_\_  
Signature of Licensed Physician or Nurse Approved for Child Health Assessments

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Print the Name of the Individual Signing Above

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address of Physician or Nurse

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

### History of Immunizations

For all children in child care facilities and family day care homes, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/Y

#### SECTION I.

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>DTaP/DT/Td/Tdap</b> (Diphtheria, Tetanus, Pertussis)						
<b>Polio</b>						
<b>MMR</b> (Measles, Mumps, and Rubella combined)						
<b>HBV</b> (Hepatitis B Vaccine)						
<b>Varicella</b> (Chicken Pox)			Hx of Disease: Physician Signature		Date of Illness:	
<b>HIB</b> (Hemophilus Influenzae Type B)						
<b>PCV7</b> (Pneumococcal Conjugate)						
<b>HEP A</b> (Hepatitis A)						
<b>Rotavirus</b> **Recommended <8 mo of age; not required						
<b>Influenza(Flu)</b> ** Recommended annually >6 mo of age; not required						

#### Section II. Complete this section only if your child is exempted from the laws requiring immunizations [K.S.A. 65-508(d) and K.S.A. 65-519(c)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:  
 Exempt from following immunizations:  
 \_\_\_\_\_ DTP    \_\_\_\_\_ Pertussis Only    \_\_\_\_\_ Tetanus    \_\_\_\_\_ Polio    \_\_\_\_\_ MMR    \_\_\_\_\_ Rubella Only    \_\_\_\_\_ Hep A    \_\_\_\_\_ Hep B  
 \_\_\_\_\_ Hib    \_\_\_\_\_ PCV7    \_\_\_\_\_ Other

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

#### Section III.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **BULLETIN!!!**

To: Parent/Guardian

Subject: Medication - Guidelines for taking medicine at school

In instances where it is deemed necessary for the treatment of chronic illness or disability or episodic illness in order to maintain the student in the school setting, the following guidelines will be observed:

1. All medication should be brought to the school nurse's office or principal's office.
2. The medication should be in the container for which it was prescribed.
3. Written permission from the physician or dentist must accompany all medication to be administered including "over the counter drugs."
4. The physician permission form should be dated and should identify the medication, dosage, time of day to be given and anticipated number of days to be provided.
5. Written permission from the parent/guardian must accompany all medication.
6. The parent/guardian permission form should identify the student, date permission given, and the parent/guardian signature.
7. Any changes in type of drugs, dosage and/or time of administration must be accompanied by new physician and parent/guardian permission slips and a newly labeled pharmacy container.

Thank You!

**KANSAS CITY KANSAS PUBLIC SCHOOLS  
USD 500**

**Parent Information Letter**

Dear Parents/Guardians:

Kansas State Law requires that **ALL** pupils under age 9 entering a Kansas school for the first time **MUST** present the results of a health assessment (school physical) **PRIOR** to admission and attendance in school.

Kansas Law #KSA 72-5214 states “The health assessment must have been conducted within the previous twelve (12) months by a physician or person acting under a physician’s direction.” Any physician or clinic health assessment form may be used for this purpose, as there is no state required assessment form. An up-to-date immunization record as well as a certified copy of the child’s birth certificate must also be presented. Failure to comply with these requirements will result in the student being excluded (suspended) from school. Your attention to these requirements will assure a smooth entry into school for your child.

Thank you,

School Nurse