

SCHOOL HEALTH EXAMINATION
Moscow Unified School District No. 209

Dear Parents/Guardians:

A health assessment is required for students 8 years old and under who have not previously attended a Kansas public school.

IMPORTANT: KANSAS STATE LAW AND U.S.D. 209 SCHOOL BOARD POLICY REQUIRE THAT THE PHYSICAL ASSESSMENT BE COMPLETED WITHIN 90 CALENDAR DAYS AFTER ADMISSION TO SCHOOL

Child's Name _____ Birth Date _____ Grade _____

Height_____	Weight_____
EENT_____	Neck_____
Pulse_____	Abdomen_____
B/P_____	Nutrition_____
Hgb/Hct_____	Oral _____
Urinalysis_____	Breast_____
Heart_____	Musculoskeletal_____
Lungs_____	Neurologic_____
Skin_____	Genito-Urinary_____

Significant Assessment Findings:

Recommendations(including referrals):

Is this student subject to any condition which might cause a possible classroom emergency such as seizures, fainting, diabetes, asthma, allergies, etc.? Yes___No___

Condition_____

Comments_____

Do you see this child for regular health supervision? Yes___No___

Signature of Licensed Physician or RN approved
to perform health assessments

Date