

**PREVENTATIVE HEALTH CARE EXAMINATION FORM - Sixth (6<sup>th</sup>) 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 (6<sup>th</sup>) 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 (6<sup>th</sup>) grade examination.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

**IDENTIFYING INFORMATION**

Grade: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> (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.		Hgt: _____ Wgt: _____ BP: _____ / _____
_____	_____	General Appearance	Hearing: R _____ L _____
_____	_____	HEENT	Vision: R _____ / _____ L _____ / _____
_____	_____	Skin	Optional-----HCT/HGB: _____
_____	_____	Neck	Optional-----UA: _____
_____	_____	Chest	
_____	_____	Heart	
_____	_____	Abd-Genitalia	
_____	_____	Extremities-Back (including scoliosis screen for 6 <sup>th</sup> 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/EPSTDT Provider

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_