

HOLY CROSS LUTHERAN SCHOOL
600 NORTH GREENWICH
WICHITA, KS 67206

PHYSICIAN'S HEALTH ASSESSMENT REPORT

Pupil's Name: _____ Birth Date: _____ Gr.: _____

To Parents: Under Kansas State Law (KSA 72-5214) every pupil up to the age of nine (9) years who has not previously enrolled in any school in this state, shall present the results of a health assessment.

EENT (Eye, Ear, Nose & Throat) _____

Respiratory System _____

Asthma? _____ Allergies? _____

Cardio-Vascular System _____

BP _____ Heart Disease? _____ Limitation? _____

Gastrointestinal System _____

Nutritional Status _____ Ht. _____ Wt. _____

Genitourinary System _____

Musculo - Skeletal System _____

Scoliosis? _____

Central Nervous System _____

Epilepsy? _____ Emotional Disturbance? _____

Endocrine System _____

Diabetes Mellitus? _____

(continued on reverse)



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

Please comment on health condition(s)_____

Health Recommendations _____

Physician's Signature _____

Date _____