

**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?** \_\_\_\_\_

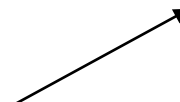
**Central Nervous System** \_\_\_\_\_

**Epilepsy?** \_\_\_\_\_ **Emotional Disturbance?** \_\_\_\_\_

**Endocrine System** \_\_\_\_\_

**Diabetes Mellitus?** \_\_\_\_\_

**(continued on reverse)**



**Social Development (family, peer, school) (if appropriate)**\_\_\_\_\_

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**Please comment on health condition(s)**\_\_\_\_\_

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**Health Recommendations** \_\_\_\_\_

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**Physician's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_