

Child Health Assessment at School Entry

Return this form to your
child's school office.

Child's Name: _____ Date: _____

School attending: _____ Grade: _____

Local Health Department/Clinic: _____

	Date Completed	Comments
Health History	_____	_____
Physical Examination	_____	_____
Other Screenings	_____	_____

Signature of Physician or Certified Nurse

Kansas Child Health Assessment applies to children age eight and under enrolling in a Kansas school for the first time.