

### Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Child Health Assessment is optional for children in Registered Family Day Care Homes. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. Any Health Assessment Form should be attached to the KDHE Medical Record Form.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Past Health History (Developmental – Illness – Hospitalization) \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Nutritional Status \_\_\_\_\_

#### Physical Examination

Height \_\_\_\_\_

Weight \_\_\_\_\_

Head \_\_\_\_\_

Abdomen \_\_\_\_\_

EENT \_\_\_\_\_

GU \_\_\_\_\_

Teeth \_\_\_\_\_

GYN \_\_\_\_\_

Heart \_\_\_\_\_

Skeletal \_\_\_\_\_

Lungs \_\_\_\_\_

Neurological \_\_\_\_\_

#### Screening Tests (Dates Done and Results)

Vision \_\_\_\_\_

TBC. Test \_\_\_\_\_

Hearing \_\_\_\_\_

Sickle Cell \_\_\_\_\_

Speech \_\_\_\_\_

HGB. \_\_\_\_\_

DDST \_\_\_\_\_

U.A. \_\_\_\_\_

Lead \_\_\_\_\_

Other \_\_\_\_\_

Diagnosis:

Recommendation:

Do you see this child for regular health supervision: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physician or Nurse Approved for Child Health Assessments

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Print the Name of the Individual Signing Above

\_\_\_\_\_  
Phone number \_\_\_\_\_

\_\_\_\_\_  
Address of Physician or Nurse

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code