

PREVENTATIVE HEALTH CARE EXAMINATION FORM - Sixth (6th) 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 (6th) 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 (6th) grade examination.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Grade: 5th 6th 7th 8th 9th 10th 11th 12th (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 th 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: _____

Guidelines Only - Please do not mark risk factors on this form.

| | Low Risk | Moderate Risk | High Risk |
|---|--|--|--|
| Body Mass Index | Between 15-85% Normal weight/height per the growth chart | Between 5-15%/85-95% (Just over or just under the normal range) | <5%/>95% (Much over or much under normal weight) |
| Weight perception | Feels good about weight | Feels “fat” even though weight is normal on the chart | Skips meals, vomits, takes medicine, or exercises too much to control weight |
| Nutrition | Eats 3 meals/day; and eats fruits, vegetables, and foods with fiber | Eats less than 3 meals/day; or vegetarian without milk or eggs | Eats a lot of snacks with fat and sugar, eats few regular meals |
| Exercise | 5 times/week for at least 20 min each, with increased heart rate and sweating | Exercises less than 5 times/week, not strenuously | No regular exercise to increase heart rate |
| Tobacco use | No smoke or chew | Smoke or chew less than daily; or Stopped less than 6 weeks ago | Smoke or chew regularly |
| Drug use | Never used | Previously used; not in the past 3 months | Recently used or currently uses marijuana, huffing, LSD, cocaine, heroin, etc. |
| Alcohol use | Has only tasted it, or used for religious purpose | Social only, not more than once/week; less than 3 beers or 2 liquor drinks at a time | Drunkenness, blackouts; drinking interferes w/school, family, etc.; 4 or more drinks at a time |
| Sexual activity | Never, or is married and faithful | Not in last 6 months; safe sex with condoms | Sex <u>without</u> regular use of condoms; first intercourse before age 16 |
| School | B/C average or better, steady improvement in grades | Grades slipping; detention problem | Failing grades; suspension; often skips school |
| Depression | Usually happy | Often feels discouraged or down; cries a lot | Unhappy <u>most</u> of the time; feels hopeless; thought of suicide |
| Abuse | No physical or sexual abuse | Abuse reported and counseling received | Abuse still occurring or not treated with counseling |
| Safety | Uses seat belt/helmet, never rides with drunk driver | Usually uses seat belt/helmet; rarely rides with drunk driver | Does not use seat belt/helmet; has driven drink; sometimes rides with drunk driver |
| Violence | No fights, no threats, does not carry a knife, gun, or rifle, no legal troubles | Threatens others; previous illegal acts (stealing, etc.) but not in past 3 months | Damages own or others’ property; carries a gun, knife, or rifle; physical fights with peers; has had contact with police |
| Family relationships and responsibility | Gets along with family, completes chores or work duties | Often argues with family; does not complete chores or work duties | Physical and/or intense verbal fights with family |
| Friends and Recreation | Has male and female friends; involved in clubs, activities, or hobbies | Has few friends; does things alone; has friends who often get into trouble | Has no friends; or belongs to gang or cult |
| Good qualities and Future plans | Can name 3 good qualities about self; has plans for the future | Hard to think of good qualities about self; has few interests; does not have future | No good qualities about self; no interests or activities |
| Immunizations | Second MMR; tetanus within ten years; hepatitis series; had varicella or been vaccinated | Lacks any one item | Lacks two or more items |