

# Kinsley – Offerle Schools

## HEALTH ASSESSMENT

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

LAST FIRST  
HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_  
UA: \_\_\_\_\_ Hgb: \_\_\_\_\_ Blood Lead: \_\_\_\_\_

### PHYSICAL EXAM

System	WNL _____	ABN _____
General Appearance	WNL _____	ABN _____
Integumentary	WNL _____	ABN _____
Head/Neck	WNL _____	ABN _____
Eyes/Ears/Nose/Throat	WNL _____	ABN _____
Oral/Dental	WNL _____	ABN _____
Pulmonary	WNL _____	ABN _____
Cardiovascular	WNL _____	ABN _____
Abd/Gastrointestinal	WNL _____	ABN _____
Genitourinary	WNL _____	ABN _____
Trunk/Spine	WNL _____	ABN _____
Musculoskeletal	WNL _____	ABN _____
Neurological	WNL _____	ABN _____

### VISION SCREEN

Unable to Screen \_\_\_\_\_

Distance Acuity: (3 + yrs)

Snellen/HOTV Eye Chart. Results: Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_ Pass \_\_\_\_\_ Referred \_\_\_\_\_

Near Acuity: (5 + yrs)

SLOAN/HOTV Eye Chart. Results: Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_ Pass \_\_\_\_\_ Referred \_\_\_\_\_

### HEARING SCREEN

Unable to Screen \_\_\_\_\_

Audiometric Screen: (3 + yrs)

Left: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Referred \_\_\_\_\_

Right: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Referred \_\_\_\_\_

Tympanometry Screen:

Left: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Referred \_\_\_\_\_

Right: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Referred \_\_\_\_\_

### DEVELOPMENT/SPEECH/HEARING

Unable to Screen \_\_\_\_\_

ASQ-3 Screening Results: (1 mo – 66 mo. age)

\_\_\_\_ Results – See attached ASQ-3 Information

Summary

Referred \_\_\_\_\_

ASSESSMENT RESULTS: \_\_\_\_\_

Physician/Nurse (approved to perform Health Assessments): \_\_\_\_\_

Date: \_\_\_\_\_