



Dear Elizabethtown Fifth Grade Parent,

In preparation for entry into sixth grade at T. K. Stone Middle School, please be aware of the necessity of the following 2 items to be submitted prior to enrollment on August 11, 2021:

1. **Up-to-date and properly completed “Commonwealth of Kentucky Immunization Certificate.**

As mandated by state requirements in KRS 214.034 and 902 KAR 2:060 Section 2 and Section 4, an up-to-date and properly completed "Commonwealth of Kentucky Immunization Certificate" that includes the vaccine name, administration date, and signature of physician, health department, or designee of the physician or health department as well as the immunization expiration date. We cannot accept out-of-state certificates; the local health department or your family health care provider can transcribe the immunizations to a Kentucky Immunization Certificate.

2. **Preventative Health Care Examination (physical) form.**

As mandated by state requirements in 704 KAR 4:020E and the statutory authority of KRS 156.070, 156.160, and 2000 HB 706, a Preventative Health Care Examination (physical) which *must be completed no earlier than one (1) year prior to admission to sixth grade.* A form is enclosed for your convenience.

Additionally, your child's school records should include a copy of his/her state certified birth certificate and a copy of his/her social security card (optional) as well as the entry physical from kindergarten. If any of these documents are missing, you will be contacted during the summer to submit the missing items.

Thank you for your cooperation. We are looking forward to a successful sixth grade experience.

Sincerely,

Steve Smallwood
Assistant Superintendent of Student Services and Support

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (704 KAR 4:020)
PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____
 Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____
 Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches _____ Weight _____ BMI: _____ BMI% _____ B/P: _____

Vision	Right 20/_____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
 Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
 Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
 Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
 Abdomen Normal Abnormal _____ Refer/Tx: _____
 Scoliosis assessment Normal Abnormal _____ Refer/Tx: _____

This child has the following problems that may impact the educational experience:

Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
- This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

SCHOOL READINESS

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

MENTAL HEALTH

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

NUTRITION AND PHYSICAL ACTIVITY

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

ORAL HEALTH

- Regular dentist visits
- Brushing/Flossing
- Fluoride

SAFETY

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: _____

Signed: _____
Physician/APRN/PA/EPSTDT Provider

Date: _____

Address: _____

Telephone: _____