



Christ the Savior Academy
7515 E. 13th Street · Wichita, KS 67206
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Christ the Savior Academy Health Assessment Report

Student's Full Name (please print): _____

Birth date: _____

Grade: _____

REVIEW OF SYSTEMS:

EENT _____

Hearing _____ Vision _____ Glasses? _____

Respiratory System _____

Asthma? _____ Allergies? _____

Cardiovascular System _____ BP _____

Heart disease? _____ Limitation? _____

Gastrointestinal System _____

Genitourinary System _____

Musculoskeletal System _____ Skin _____

Central Nervous System _____ Epilepsy? _____

Endocrine System _____ Diabetes Mellitus? _____

Nutritional Status _____ Ht. _____ Wt. _____

Any restrictions on physical activities? _____

Are routine medications prescribed? yes no

ATTENTION HEALTH CARE PROVIDER:

If medication is to be given at school, please fill out the **Request to Administer Medication at School** form. In addition, please complete the **Kansas Certificate of Immunization**.

Signature of Physician

Date

Phone: _____ Address: _____