

Shenendehowa Central School District

Health Appraisal/Sports Physical Form- K-12th Grade

Students in kindergarten, 2nd, 4th, 7th & 10th grades and all new students are required by Education Law to have a physical. Physicals may be done no earlier than 12 months prior to entrance to school.

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Check here if entire exam normal
 Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

Check (✓) Equals Normal Finding

General Appearance: _____ Eyes: _____
 Skin: _____ Ears: _____
 Head: _____ Lungs: _____
 Nose, Throat, Teeth: _____ Heart: _____
 Lymph Node/Thyroid: _____
 Abdomen: _____
 Genitalia: _____
 Musculoskeletal: _____
 Neurological: _____

Tanner: I. ___ II. ___ III. ___ IV. ___ V. ___
 Scoliosis: Negative Positive: _____

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Medical Clearance: Free from contagions & physically qualified for all physical education, sports (includes all contact/collision, etc), playground, work & school activities OR only as checked:

- ___ Limited contact: cheerlead, gymnastics, ski(Alpine &XC), volleyball, diving, fence, baseball, floor hockey, softball, basketball, handball.
- ___ Strenuous/Noncontact: indoor track, cross country, tennis, track & field, swimming, rope jump, weight train
- ___ Non-contact: badminton, bowl, golf, archery, riflery, dance, walking.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____

Restrictions: _____

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

The school nurse has permission to share information with staff who work with my child.

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for 12 months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. HA1/HPE5 (revised 4/2008)