

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: _____ Weight Status Category (BMI Percentile): <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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Vision - without glasses/contact lenses</td> <td style="width: 10%;">R</td> <td style="width: 10%;">L</td> <td style="width: 20%; text-align: center;"><i>Referral</i></td> </tr> <tr> <td>Vision - with glasses/contact lenses</td> <td>R</td> <td>L</td> <td></td> </tr> <tr> <td>Hearing <input type="checkbox"/> Pass 20 db sc both ears or:</td> <td>R</td> <td>L</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Vision - without glasses/contact lenses	R	L	<i>Referral</i>	Vision - with glasses/contact lenses	R	L		Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L					
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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: _____