7512 F

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: ❑ Positive ❑ Negative ❑ 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):

❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th

❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher

			Referral
Vision - without glasses/contact lenses	R	L	
Vision - with glasses/contact lenses	R	L	
Hearing ❑ Pass 20 db sc both ears or:	R	L	

Check (√) Equals Normal Finding

General Appearance: _____

Skin: _____

Head: _____

Nose, Throat, Teeth: _____

Lymph Node/Thyroid: _____

Abdomen: _____

Genitalia: _____

Musculoskeletal: _____

Neurological: _____

Eyes: _____

Ears: _____

Lungs: _____

Heart: _____

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 <u>all</u> contact/collision, etc), playground, work & school activities <u>OR</u> 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)