

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: Walton Central School Gender: M F Grader: _____

IMMUNIZATIONS / HEALTH HISTORY

- | | |
|---|---|
| <input type="checkbox"/> Immunization record attached
<input type="checkbox"/> No immunizations given today
<input type="checkbox"/> Immunizations given since last Health Appraisal: | Sickle Cell Screen: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done Date: _____
PPD: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done Date: _____
Elevated Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not done Date: _____
Dental Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not done Date: _____ |
|---|---|

Significant Medical/Surgical History: See Attached _____

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

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____ Referral

Body Mass Index: _____ Weight Status Category (BMI Percentile): <table style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 25%;">Less than 5th</td> <td style="width: 25%;">5th through 49th</td> <td style="width: 25%;">50th through 84th</td> <td style="width: 25%;">85th through 94th</td> <td style="width: 25%;">95th through 98th</td> <td style="width: 25%;">99th and higher</td> </tr> </table>	Less than 5 th	5 th through 49 th	50 th through 84 th	85 th through 94 th	95 th through 98 th	99 th and higher	Vision-without glasses/contact lenses Vision-with glasses/contact lenses Vision-Near Point Hearing <input type="checkbox"/> Pass 20 db so both ears or:	R	L		
Less than 5 th	5 th through 49 th	50 th through 84 th	85 th through 94 th	95 th through 98 th	99 th and higher						
		R	L								
		R	L								
		R	L								

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

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

- Free from contagious & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
 ___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.
- Specify medical accommodations needed for school: _____ None
 Known or suspected disability: _____ Please Monitor
 Restrictions: _____ Please Monitor
 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: _____

Parent's Signature: _____ Date: _____