

East Islip School District

HEALTH APPRAISAL FORM

New York State Education Department 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)

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS/HEALTH HISTORY

Table with 6 columns: Immunization record attached, Sick Cell Screen, PPD, Elevated Lead, Dental Referral, and Date. Includes checkboxes for Positive, Negative, Not Done, Yes, No.

Significant Medical/Surgical History: See attached

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

Allergies: LIFE THREATENING Seasonal Food Insect Other _____ Medication _____

PHYSICAL EXAM

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

Table for Physical Exam results including Body Mass Index, Weight Status Category (BMI Percentile), Vision (with/without glasses/contact lenses), Vision - Near Point, and Hearing. Includes a Referral column.

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

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

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, jump rope
 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: _____

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

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve 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.