

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

CARMEL CENTRAL SCHOOL DISTRICT HEALTH CERTIFICATE/APPRaisal FORM

Name: _____ Date of Birth : _____

School: _____ Grade _____ Gender M F

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

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

Referral

Table with 4 rows and 4 columns: Body Mass Index, Vision - without glasses/contact lenses, Weight Status Category (BMI Percentile), Vision - with glasses/contact lenses, etc.

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. 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 A.M. dose is missed at home:

I assess this student to be self-directed Yes No Student my 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 contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
Limited contact: cheerleading, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
Non-contact: badminton, bowling, golf, swimming, table tennis, tennis, archery, riflery, weight training, 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 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 5 days that will require review by private healthcare provider and the school medical director.