

Pine Valley Central School

Elem. School 988-3291/988-3864 fax High School 988-3276/988-3139 fax

HEALTH APPRAISAL

Student Name _____ Date of Birth _____
 Address _____ Phone _____

IMMUNIZATIONS/SCREENING

Immunizations given since last Health Appraisal: None given today Immunization record attached

	1st	2nd	3 rd	4th	5th	SICKLE CELL SCREEN		Date
DtaP	*	*	*			Positive	Negative	
dT	*	*	*			PPD		Date
OPV/IPV/eIPV	*	*	*	**		Positive	Negative	
HIB	*	*				LEAD SCREEN		Date
Hep B	*	*	*			Positive	Negative	
Varicella	*	<input type="checkbox"/> Disease						
MMR				Vision—without glasses/contact lenses		R	L	
Other				Vision—with glasses/contact lenses		R	L	
PLEASE PROVIDE MO/D/YR FOR ALL; * Required for entry to school in NYS; requirements may vary by age and grade; ** if IPV.				Vision—Near Point		R	L	
				Hearing		R	L	

Significant Medical/Surgical History see attached _____
Allergies: None Food Insect Seasonal Medication LIFE THREATENING _____

PHYSICAL EXAM

Check here if entire exam normal Height _____ Weight _____ B.M.I. _____ B.P. _____

	Normal	Abnormal	Comments
General Appearance			
Nutrition/Body Mass Index		1-5: 1=Cachectic (BMI<17.5), 3=WNL (BMI 18.5-24.9), 5=Obese (BMI >29.9)	
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen			
Genitalia			Tanner - I. II. III. IV. V.
Musculoskeletal			Scoliosis Negative Positive
Neurological			

Medication (list all): None
 Name _____ Dosage/Time _____
 Name _____ Dosage/Time _____
 If AM dose is missed at home _____

I assess this student to be self directed and may self-carry medication No Yes (School nurse to also assess self-direction)
 Please send in additional medication in the event that emergency sheltering is necessary at school.

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

Physically qualified for sports or full playground OR only as checked below:
 _____ Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, team handball, water polo
 _____ Limited contact: cheerleading, field, gymnastics, skiing, volleyball, cross-country, handball, fencing, baseball, floor hockey, softball
 _____ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weights, crew, dance, track, running, walking, jump rope
 _____ Knowledge based experience only

Physically qualified for employment OR specify accommodation _____
 Known or suspected disability _____ Please monitor
 Restrictions _____ Please monitor
 Protective equipment required Athletic cup Glasses/ sport eyewear Other _____

NYS Education Department requires an annual physical exam for new entrants, students in Grades Pre-K, K, 2, 4, 7 & 10, sports, working permits, and, triennially, for the Committee on Special Education (CSE). This exam complies with NYSED requirements above and is valid for one year through the last day of the month dated below with the exception of any illness or injury lasting more than five days that will negate this exam.

PROVIDER'S SIGNATURE _____ **Date** _____

PROVIDER'S NAME _____ **Phone** _____ **FAX** _____