

Brentwood Union Free School District

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

HEALTH APPRAISAL FORM

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: Yes No Not done Date: _____
Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

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

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

PHYSICAL EXAM

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

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	Referral
Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	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 contagions & 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: _____

(Stamp below)

Provider's Signature: _____ Phone: _____

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. Rev. 10/3/07

BRENTWOOD PUBLIC SCHOOLS
Brentwood, New York 11717
PHYSICAL EXAMINATION

State Education Law requires that all new students who are entering school or are in grades Pre-K, K,2,4,7,10 have a physical examination which includes Body Mass Index. Body Mass index (BMI) is a ratio of height and weight and can be an indicator of body fat in most children. In addition to this Special Education students are required to have physicals every 3 years. The school physician or nurse practitioner will examine your child during the school year unless we receive a report from your family physician by October 1. For students entering our schools after October 1, this form should be returned within two weeks. Parents are encouraged to have their children examined by their family doctor every one to two years.

Students who are under medical care for identified medical problems are requested to submit yearly medical reports, and if a modified physical education class is indicated such examinations and reports are required at the beginning of each school year.

Students receive vision, hearing, and scoliosis screenings in school as mandated. Please return this form completed by your family doctor to the school nurse.

ESCUELAS PUBLICAS DE BRENTWOOD
Brentwood, New York 11717
EXAMEN FISICO

Le Ley de Educación del Estado requiere que todos los nuevos estudiantes que van a entrar en la escuela por primera vez o están en los grados Pre-K, K,2,4,7, y 10 tengan un examen físico. El cuál incluye Índice de Masa del Cuerpo. Índice de Masa del Cuerpo (BMI) es en proporción de la estatura y el peso que pueden ser indicadores de gordura e la mayoría de los niños. Es requerido que todos los estudiantes de Educación Especial tengan un examen físico cada tres años. Si nosotros no recibimos un reporte del medico de la familia estipulando que el estudiante ha sido examinado a mas tardar para el 1ro de Octubre del año escolar, el medico de la escuela o la enfermera practicante examinara a su niño o niña durante el año escolar. Si el estudiante entra a la escuela después del 1ro. de Octubre, deberán devolver la forma que incluimos dentro de un periodo de dos semanas. Se le aconseja los padres o guardián que lleven a sus niños a ser examinados por el medico de la familia anualmente o por los menos cada dos años.

Aquellos estudiantes que están bajo tratamiento medico por problemas previamente identificados, están obligados a someter reportes médicos anuales y si dichos problemas requieren que ellos reciban educación física modificada, esta información debe ser incluida en el reporte medico. Se requiere que toda esta información sea sometida al principio del año escolar.

Los estudiantes reciben exámenes de la vista, los oídos y de escoliosis, en la escuela, según lo manda la ley. Tenga la bondad de devolver esta forma completada por medico de la familia a la enfermera escolar.