

HYDE PARK CENTRAL SCHOOL DISTRICT HEALTH CERTIFICATE / 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 _____

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

Seasonal Medication required for allergic reaction: _____

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

Other: _____

PHYSICAL EXAM

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

Referral

Body Mass Index: _____

Weight Status Category (BMI Percentile):

less than 5th 5th through 49th 50th through 84th
 85th through 94th 95th through 98th 99th and higher

Vision - without glasses/contact lenses	R	L	
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 Administration is required at school please attach required Medication Form

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: _____

Provider's Signature: _____ Phone: _____

(Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

HYDE PARK CENTRAL SCHOOL DISTRICT

P.O. Box 2033

Hyde Park, New York 12538-8033

New York State Education Law requires that a Health Certificate be furnished for each student entering school for the first time and/or attending kindergarten, second, fourth, seventh and tenth grades.

Since your family healthcare provider has a more complete understanding of your child, we encourage you to take your child to your provider and have the "Annual Health Examination Record" on the reverse side filled out and returned to school.

Annual Health Examinations are valid for one year and are accepted for within one year of the start date of school. (For example if your child was seen in November, 2007 their physical is good for the school year beginning September 2008.)

The following immunizations must be administered before your child begins school:

DTaP – 3 doses

IPV (Polio) – 3 doses

MMR – 2 doses * the first dose must be administered not more than 4 days before the first birthday

Hepatitis B – 3 doses

Varicella – 1 dose * the first dose must be administered not more than 4 days before the first birthday or physician documented proof of disease.

Tdap – 1 dose for students entering sixth grade and who are 11 years old. 10 year olds entering grade six must receive the vaccine when they turn 11.

Questions regarding the above immunizations or the annual health appraisal should be addressed with your healthcare provider or your school nurse.

All health appraisals must be received not more than 30 days after your child begins school and are valid for one year.