WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

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HEALTH APPRAISAL INFORMED CONSENT AND HISTORY FOR SCHOOL EXAMINATION

Education Law, Section 903, and the Regulations of the Commissioner of Education require physical examinations of all children when they:

- Enter the school district for the first time
- Are in grades Pre-K or K, 1, 3, 5, 7, 9, 11
- Participate in interscholastic sports
- Need working papers
- Are referred to/by the Committee on Special Education
- Are deemed necessary by school authorities to determine a child's educational program

The Washingtonville Central School district recommends that all medical and dental examinations be conducted by your private physician for privacy and continuity of care. However, in some instances you may prefer to have the exam conducted in school. Please read the information below carefully and discuss the process and your decision with your child. Then please complete the permission form and the brief health questionnaire.

Though most parents do not attend examinations, you have a right to be present by prior arrangement with your school nurse. Your child will be asked age-appropriate psychosocial questions to assist the nurse practitioner in targeting health risks.

During the exam, every effort is made to preserve dignity and privacy. Most health offices are too small to provide the level of privacy your child may be used to in his/her private provider's office. The exam includes a complete head-to-toe screening of all major organ systems.

Middle School and High School Student exams may have to INCLUDED breast/pubic area for girls, hernia/penis/testicles/pubic area for boys (if required for sports), along with a femoral pulse exam for both genders.

Elementary School Student exam may INCLUDE a visual inspection of the pubic area for both boys and girls along with a femoral pulse exam. For Males on some occasions a testicular exam may be needed to ensure both testes are descended.

The examiner will touch your child. There is every attempt to have an additional person as a chaperone during this part of the examination.

PLEASE ANSWER **ALL** THE QUESTIONS ON THE NEXT FEW PAGES AND SIGN YOUR CONSENT. AN EXAMINATION WILL NOT BE DONE IN SCHOOL WITHOUT YOUR SIGNED CONSENT. DELAYS IN RETURNING PERMISSION COULD RESULT IN A DELAY IN YOUR CHILD'S CLEARANCE FOR EXTRACURRICULAR ACTIVITIES INCLUDING SPORTS.

The Washingtonville Central School District is committed to the intellectual, cultural, physical and emotional growth of our children in a safe and supportive environment.

PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE

Parent Permission for a School Examination

Student's Name _____ Grade _____ DOB _____

Please check one:

☐ My child had a health appraisal done by Dr. _____ **on** _____. I will provide the District with the Health Appraisal form filled out by the doctor.

☐ My child has an appointment to have a health examination done by Dr. _____ on _____. I will provide the District with the Health Appraisal form filled out by the doctor.

☐ I give permission to have my child interviewed and examined by the school Nurse Practitioner scheduled at the convenience of the school. I attest I have read the attached information on health appraisals and have advised my child of my decision.

DOES OR HAS YOUR CHILD		
GENERAL HEALTH	**NO**	**YES**
Ever been restricted by a health care provider from sports participation for any reason?	☐	☐
Ever had surgery?	☐	☐
Ever spent the night in a hospital?	☐	☐
Been diagnosed with mononucleosis within the last month?	☐	☐
Have only one functioning kidney?	☐	☐
Have a bleeding disorder?	☐	☐
Have any problems with hearing or have congenital deafness?	☐	☐
Have any problems with vision or only have vision in one eye?	☐	☐
Have an ongoing medical condition?	☐	☐
If yes, check all that apply: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle cell trait or disease ☐ Other:		
Have Allergies?	☐	☐
If yes, check all that apply ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other:		
Ever had anaphylaxis?	☐	☐
Carry an epinephrine auto-injector?	☐	☐
BRAIN/HEAD INJURY HISTORY	**NO**	**YES**
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	☐	☐
Receive treatment for a seizure disorder or epilepsy?	☐	☐
Ever had headaches with exercise?	☐	☐
Ever had migraines?	☐	☐

DOES OR HAS YOUR CHILD		
BREATHING	**NO**	**YES**
Ever complained of getting extremely tired or short of breath during exercise?	☐	☐
Use or carry an inhaler or nebulizer?	☐	☐
Wheeze or cough frequently during or after exercise?	☐	☐
Ever been told by a health care provider they have asthma or exercise-induced asthma?	☐	☐
DEVICES / ACCOMMODATIONS	**NO**	**YES**
Use a brace, orthotic, or another device?	☐	☐
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	☐	☐
Wear protective eyewear, such as goggles or a face shield?	☐	☐
Wear a hearing aid or cochlear implant?	☐	☐
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		
DIGESTIVE (GI) HEALTH	**NO**	**YES**
Have stomach or other GI problems?	☐	☐
Ever had an eating disorder?	☐	☐
Have a special diet or need to avoid certain foods?	☐	☐
Are there any concerns about your child's weight?	☐	☐
INJURY HISTORY	**NO**	**YES**
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	☐	☐
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	☐	☐
Have a bone, muscle, or joint that bothers them?	☐	☐
Have joints that become painful, swollen, warm, or red with use?	☐	☐
Ever been diagnosed with a stress fracture?	☐	☐

Student Name:		DOB:	

DOES OR HAS YOUR CHILD		
HEART HEALTH		
Ever complained of:		
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	☐	☐
Lightheadedness, dizziness, during or after exercise?	☐	☐
Chest pain, tightness, or pressure during or after exercise?	☐	☐
Fluttering in the chest, skipped heartbeats, heart racing?	☐	☐

DOES OR HAS YOUR CHILD		
Ever been told by a health care provider		
They have or had a heart or blood vessel problem?	☐	☐

If yes, check all that apply:

- ☐ Chest Tightness or Pain
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ New fast or slow heart rate
- ☐ Heart infection
- ☐ Heart Murmur
- ☐ Low Blood Pressure
- ☐ Kawasaki Disease
- ☐ Has implanted cardiac defibrillator (ICD)
- ☐ Has a pacemaker
- ☐ Other:

DOES OR HAS YOUR CHILD		
FEMALES ONLY	NO	YES
Have regular periods?	☐	☐
MALES ONLY	NO	YES
Have only one testicle?	☐	☐
Have groin pain or a bulge, or a hernia?	☐	☐
SKIN HEALTH	NO	YES
Currently have any rashes, pressure sores, or other skin problems?	☐	☐
Ever had a herpes or MRSA skin infection?	☐	☐
COVID-19 INFORMATION		
Has your child ever tested positive for COVID-19?	☐	☐
If **NO, STOP.** Go to Family Heart Health History. If **YES,** answer questions below:		
Date of positive COVID test:		
Was your child symptomatic?	☐	☐
Did your child see a health care provider for their COVID-19 symptoms?	☐	☐
Was your child hospitalized for COVID?	☐	☐
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	☐	☐

FAMILY HEART HEALTH HISTORY

A relative has/had any of the following:

Check all that apply:

- ☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy
- ☐ Arrhythmogenic Right Ventricular Cardiomyopathy?
- ☐ Heart rhythm problems: long or short QT interval?
- ☐ Brugada Syndrome?
- ☐ Catecholaminergic Ventricular Tachycardia?
- ☐ Marfan Syndrome (aortic rupture)?
- ☐ Heart attack at age 50 or younger?
- ☐ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of:

- ☐ Known heart abnormalities or sudden death before age 50?
- ☐ Structural heart abnormality, repaired or unrepaired?
- ☐ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

If you answered **NO** to ***all*** questions, **STOP**. Sign and date below.
GO to page 3 if you answered **YES** to a question.

Parent/Guardian Signature:	Date:

Student Name:		DOB:	

If you answered **YES** to any questions give details. Sign and date below.

Parent/Guardian Signature:	Date: