



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, K, 1, 3, 5, 7, and 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

A dental examination by your private dentist is recommended on the same schedule as the grade mandated physical examinations. The school nurse can provide you with a list of reduced cost dental programs.

The Board of Education recommends that all medical and dental examinations be conducted by your private physician or other health care provider for privacy and continuity of care. The school nurse can assist you in securing insurance for children who do not have coverage, but who wish to have a private physician or other health care provider. 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. Please do not ask the school to conduct the examination if your child is frightened and you cannot be present. Instead, contact the school nurse for assistance with other options to fulfill this legal mandate.

Although 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 psycho-social questions to assist the physician or nurse practitioner in targeting health risks. You may request a copy of sample questions from the school nurse. Please remember that efforts are made to question children uniformly, but based on children's responses, the exact list of questions may or may not be addressed and other follow up questions may be required.

The exam includes a complete head-to-toe screening of all major organ systems.

PLEASE ANSWER THE QUESTIONS ON THE REVERSE OF THIS PAGE 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.

Student's Name _____ Grade _____ School _____

_____ 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 when the examination is completed.

_____ Please provide me with assistance to apply for Child Health Plus insurance so I can take my child to a private provider.

_____ I give permission to have my child interviewed and examined by the school providers scheduled at the convenience of the school. I attest I have read the above information on health appraisals and have advised my child of my decision.

Parent Signature _____ Date _____

PLEASE RETURN FORM TO YOUR SCHOOL NURSE

PARENT PERMISSION FOR A SCHOOL EXAMINATION

Student's Name _____

Grade _____ DOB _____ Teacher _____

Please answer the following questions. Circle or X the correct answer.

HAS THE STUDENT EVER:

Had any serious injuries, illnesses or operations?	No	Yes
Had any dizziness, fainting, or chest pain while exercising?.....	No	Yes
Had asthma or other breathing problems?	No	Yes
Had any heart problems or high blood pressure?.....	No	Yes
Had any fluttering in the chest, skipped heartbeats or heart racing?.....	No	Yes
Had a heart or vessel problem?.....	No	Yes
Had a relative or currently experiencing the following: chest tightness, high blood pressure, low blood pressure, new fast heart rate; heart infection, heart murmur, high cholesterol, Kawasaki disease, implanted cardiac defibrillator, pacemaker?.....	No	Yes
Had a bleeding disorder?	No	Yes
Had a liver or spleen problem?.....	No	Yes
Had a hernia, undescended testicle or absence of one testicle?	No	Yes
Had kidney disease or absence of one kidney?.....	No	Yes
Had any muscle, joint, or bone problems, including fractures?.....	No	Yes
Been knocked unconscious, or had a concussion?.....	No	Yes
Had seizures?.....	No	Yes
If yes, are they well controlled?	No	Yes
Does your child have any current skin problem, sores, or rashes?	No	Yes
Are there any life-threatening allergies?.....	No	Yes
Does your child have any other life-threatening condition?	No	Yes
Is the student currently taking any medication?	No	Yes
Are medications needed for the sport?	No	Yes
Will child carry medicine?	No	Yes
Does your child have absence of vision in one eye or loss of an eye?.....	No	Yes
Does your child wear glasses or contact lenses?	No	Yes
Does your child have hearing impairment in ☐ one ☐ both ears?	No	Yes
Does your child wear orthodontic equipment (braces, retainer, etc.)?.....	No	Yes
Are you aware of any medical or physical restrictions which might disqualify or limit your child's full participation in any of our athletic programs?	No	Yes
For Girls: Are there any problems regarding menstruation?.....	No	Yes
Date or age when menstruation began: _____		

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON SEPARATE PAGE.

I have read/heard and understand what is involved in a school physical examination for my child. I understand my child will be questioned about high risk behaviors, will need to disrobe, and further that parts of the exam may include breasts and genitalia, and education on self-examination. I have also answered all questions about his/her health history. I give permission to have my child interviewed and examined by the school physician/nurse practitioner at the convenience of the District. I will advise my child of my decision and will advise the school nurse if I want to be present during the examination.

Parent/Guardian Signature _____ Date _____

Nurse's Signature: _____ Date _____

Witness Signature: _____ (required for verbal permission)