Port Jervis School District Physical Form

High School Health Office – Phone – 845-858-3102 ext 11700 Fax – 845-858-3113
Middle School Health Office – Phone 845-858-3100 ext 12700 Fax 845-858-2893
Anna S. Kuhl Health Office – Phone 845-858-3100 ext 13700/13701 Fax 845-858-2894
Bicentennial Health Office – Phone 845-858-3100 ext 14700 Fax 845-754-7355

HEALTH APPRAISAL FORM

Name: ______________________ **Date of Birth:** ____________ **SPORT:** ____________

School ______________________ **Gender** ❐ **M** ❐ **F** **Grade** ______________________

IF IMMUNIZATIONS ARE GIVEN AT THIS VISIT, PLEASE PROVIDE AN UPDATED IMMUNIZATION RECORD

Sickle Cell Screen: ❐ 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: ______________________

Outcome: ______________________

Specify current diseases: Asthma__________; **Diabetes**: **Type 1** __________**Type 2** __________

Hyperlipidemia__________; **Hypertension**__________; **Other**__________

PHYSICAL EXAM

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

Body Mass Index: ______ ______ . ______				Referral
Weight Status Category (BMI Percentile):	Vision - without glasses/contact lenses	R 20/	L 20/	
❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th	Vision - with glasses/contact lenses	R 20/	L 20/	
❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher	Vision - Near Point	R 20/	L 20/	
	Hearing ❑ Pass 20 db sc both ears or:	R	L	

	Normal	Abnormal	Comments
General Appearance			
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			

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

NYS Education Department requires an annual physical exam for new entrants, students in grades K,2, 4, 7, & 10, sports, working permits, and triennially, for the Committee on Special Education (CSE).

❐ **Free from contagious condition & Physically qualified for sports/ full playground/work/PE/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-county, handball, fencing, baseball, floor hockey, softball
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, jump rope

❐ **Physically qualified for employment OR specify accommodation**: ______________________

❐ **Known or suspected disability:** ______________________

❐ **Restrictions:** ______________________

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. 2/08*