## SAYVILLE PUBLIC SCHOOLS

NYSED requires an annual physical exam for new entrants, students in Grades 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: \_\_\_\_ Date of Birth: IMMUNIZATIONS/HEALTH HISTORY Immunization record attached Dental Referral Yes \_\_No \_\_Not done Date Significant Medical/Surgical History: Specify medical conditions: \_\_\_Asthma Diabetes: \_\_\_Type 1 \_\_\_Type 2 \_\_\_Hyperlipidemia \_\_\_Hypertension Other Allergies: PHYSICAL EXAM Height Weight Blood Pressure Urinalysis Protein/Sugar (Required For All Sports) Referral Weight Status Category (BMI Percentile): Vision-without glasses/contact lenses R L Vision-with glasses/contact lenses R L □ less than 5<sup>th</sup> □ 5<sup>th</sup> through 49<sup>th</sup> □ 50<sup>th</sup> through 84<sup>th</sup> Vision – Near Point R L □85th through 94th □95th through 98th □99th and higher Hearing □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): 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: cheerleading, gymnastics, skiing, volleyball, cross-country, handball, fencing, baseball, floor hockey, softball Non-contact: badminton, bowl, golf, swim, table tennis, archery, riflery, weight train, crew, dance, track, run, walk, jump rope □ Specify medical accommodations needed for school: □Known or suspected disability: □Restrictions: □ Protective equipment required: □ Athletic Cup □ Sport goggles/impact resistant eyewear ☐Other: (Stamp below) Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_ Phone: \_\_\_\_

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 doctor.

Provider's Name/Address:

Sports Physicals: Exams MUST be performed after June 1st for the upcoming school year

**Date of Exam:**