

***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).***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Gender: ☐ M ☐ F Grade: \_\_\_\_\_

\_\_\_ Immunization record attached    Dental Referral   \_\_\_ Yes   \_\_\_ No   \_\_\_ Not done   Date \_\_\_\_\_  
 Significant Medical/Surgical History: \_\_\_\_\_

## PHYSICAL EXAM

\_\_\_\_\_ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: \_\_\_\_\_ Negative \_\_\_\_\_ Positive  
Specify any abnormality (use reverse of form if needed):

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

*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.*

**Sports Physicals: Exams MUST be performed after June 1<sup>st</sup> for the upcoming school year**