

Port Jervis School District Physical Form
 High School Health Office – Phone – 845-858-3125 Fax – 845-858-2895
 Middle School Health Office – Phone 845-858-3161 Fax 845-858-2893
 Anna S. Kuhl Health Office – Phone 845-858-3193/3203 Fax 845-858-2896
 Bicentennial Health Office – Phone 845-754-8325 Fax 845-754-7355

HEALTH APPRAISAL FORM

Name: _____ **Date of Birth:** _____

Date of Exam _____ **Gender** M F **Grade** _____

PLEASE PROVIDE A COPY OF CHILD'S CURRENT IMMUNIZATIONS

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:** _____ **Pulse** _____ **Blood Pressure:** _____

Referral

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses R 20/ L 20/			
	Vision - with glasses/contact lenses R 20/ L 20/			
	Vision - Near Point R 20/ L 20/			
	Hearing <input type="checkbox"/> 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			Urine analysis: Optional
Heart			Protein Sugar Blood
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).

- Physically qualified for sports or full 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: _____

Providers Signature: _____ **Phone:** _____

Provider's Name/Address: _____ **Fax:** _____

Parent Signature: _____ **Date:** _____