

**Port Jervis School District Physical Form**  
 High School Health Office – Phone – 845-858-3102 Fax – 845-858-2895  
 Middle School Health Office – Phone 845-858-3148 Fax 845-858-2893  
 Anna S. Kuhl Health Office – Phone 845-858-3135 Fax 845-858-2894  
 Bicentennial Health Office – Phone 845-754-8314 Fax 845-754-7355

**HEALTH APPRAISAL FORM**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**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: \_\_\_\_\_

				<i>Referral</i>
Body Mass Index: _____ . _____	Vision - without glasses/contact lenses	R 20/	L 20/	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R 20/	L 20/	
<input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R 20/	L 20/	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	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			
Hearth			
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:** \_\_\_\_\_

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