

UNIONDALE SCHOOL DISTRICT
PRIVATE SPORTS AND REGULAR PHYSICAL EXAMINATION CARD K-12

Last Name _____ First Name _____ School _____

Sport _____ Grade _____ Student # _____ School Year 20 -20

Physical Examination

Height _____ Weight _____ Blood Pressure _____ Dental Exam _____

Body Mass Index _____
 Weight status Category (BMI Percentile)
 Less than 5th 5th thru 49th 50th thru 84th
 85th thru 94th 95th thru 98th 98th and higher

Abdomen _____
 EENT _____
 Genitalia _____
 Glands _____
 Glands: Cervical _____
 Thyroid _____
 Other _____
 Heart _____
 Hernia _____
 Kidney _____
 Lungs _____
 Neurological _____
 Orthopedic: Structural _____
 Scoliosis _____
 Skin _____

Medications _____

ALLERGIES LIFE THREATENING

Food _____ Insect _____
 Medication _____ Seasonal _____ Other _____

MEDICAL DIAGNOSIS

Recommendation and treatment plan _____

IMMUNIZATION STATUS

DPT _____ TDAP _____ POLIO _____
 MMR1 _____ MMR2 _____ VARICELLA1 _____ VARICELLA 2 _____ VARICELLA DISEASE _____
 HIB _____ PNEUMOCOCCAL _____
 Hep B _____ Meningococcal _____ Gardisil _____ Hep A _____
 Tuberculin Skin test (Type) PPD _____ Date planted _____ Date read Results _____
 Chest X-ray _____ Date _____ Results _____ INH Therapy _____

The above named student may participate in the following categories of competition:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Contact/collision | <input type="checkbox"/> Limited Contact/Impact | <input type="checkbox"/> Strenuous Non-contact | <input type="checkbox"/> Non-strenuous Non- Contact |
| Field Hockey | Baseball | Cross country | Bowling |
| Football | Basketball | Track & Field | Riflery |
| Lacrosse | Diving | Swimming | Golf |
| Soccer | Softball | Tennis | |
| Wrestling | Volleyball | Badminton | |
| | Gymnastics | Lifeguarding | |

Restrictions _____

Reasons for Disqualification _____ Date of Exam _____

Gym Status

Full _____
 Adapted PE _____
 Swimming _____
 Weight lifting only _____
 Sport Clearance Card Date Issued _____

Signature of health Care Provider _____
 Stamp _____
 Address _____
 Telephone # _____