# MOUNT PLEASANT CENTRAL SCHOOL DISTRICT

825 West Lake Drive
Thornwood, NY 10594

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).

## PHYSICAL / HEALTH APPRAISAL FORM

**Name**: _____ **Date of Exam**: _____

**DATE of Birth:** _____ **Gender:** ❑ **M** ❑ **F** **Grade:**

### IMMUNIZATIONS / HEALTH HISTORY

❑**Immunization Record attached**

❑ Immunizations given since last Health Appraisal:

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: _____

### PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ *Referral for* _____

Body Mass Index: _____ _____ . _____

Weight Status Category (BMI Percentile):

❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th

❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher

| | | | |
|---|---|---|---|
| Vision - without glasses/contact lenses | R | L | |
| Vision - with glasses/contact lenses | R | L | |
| Vision - Near Point | R | L | |
| Hearing ❑ Pass 20 db sc both ears or: | R | L | |

### OPTIONAL INFORMATION, if known

**Specify current diseases:** ❑ Asthma Diabetes: ❑ Type 1 ❑ Type 2 ❑ Hyperlipidemia ❑ Hypertension

❑ Other: _____

**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: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

❑ **Specify medical accommodations needed for school**: _____ ❑ None

❑ **Known or suspected disability:** _____ ❑ Please monitor

❑ **Restrictions:** _____ ❑ Please monitor

**Specify:** _____

### Tuberculosis Screening

**EITHER ITEM A OR B MUST BE COMPLETED BY A PHYSICIAN/HEALTH CARE PROVIDER OR THE FORM WILL BE RETURNED**

A. PPD (Mantoux) Date placed _____ Date read _____ Result in mm _____

B. **Tuberculin screening not indicated (see back of page)** _____

Physician MUST sign

**Provider's Signature:** _____ **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 director.* *Rev.1/2015*