

MAMARONECK UNION FREE SCHOOL DISTRICT
PHYSICAL EXAMINATION CERTIFICATE

PLEASE return this report to your School Nurse as soon as the examination has been completed. A physical examination done anytime within the last 12 months is acceptable. PHYSICAL EXAMS MUST BE DONE FOR GRADES Kg, 2nd, 4th, 7th & 10th AND ALL NEW STUDENTS (as required by N.Y. State Health Law). Exams must be signed by an examiner licensed in NY State, or a provider practicing within 50 miles of NY State.

NAME: _____ School year: September: _____(year)
Date of birth: _____ Grade: _____ Teacher/Counselor: _____
School: Central Chatsworth Mamaroneck Avenue Murray Hommocks High School Other _____

PHYSICIAN'S HEALTH EXAMINATION CERTIFICATE
TO BE COMPLETED & SIGNED BY PHYSICIAN/PRACTITIONER

HEALTH HISTORY:

Allergy (drugs): _____
(food): _____
(other): _____
Asthma: _____ Inhaler: _____ Nebulizer: _____
Chickenpox: _____
Diabetes: Type I Type 2
Ear infections: _____
Epilepsy: _____
Frequent colds/sore throats: _____
Hearing: _____
Heart disease: _____
Lead exposure: _____
Lyme disease: _____
Medications taken now: _____

Menses - Date of Onset _____ Frequency: _____
Pneumonia: _____
Severe injury: _____
Past history of head trauma/concussion: _____
Speech: _____
H/o Substance abuse: _____
Alcohol consumption: _____ Frequency: _____
Tobacco use: _____ Frequency: _____
Surgeries: _____
TB (self): _____ TB (family member): _____
Vision Problem: _____
Glasses: _____ Contacts: _____
Other: _____

PHYSICAL EXAMINATION: REVEALS THE FOLLOWING (Please include test results such as hearing, vision, lab results, etc).

HEIGHT: _____ BP: _____ / _____
WEIGHT: _____ BMI: _____ Pulse _____

Weight status category (BMI percentile):
 less than 5th 5th through 49th 50th through 84th
 85th through 94th 95th through 98th 99th & higher

VISION SCREENING: 20/____; 20/____ AUDIOGRAM: Pass (20 dB @ 1000, 2000 & 4000 Hz) Fail

Eyes: _____
Ears: _____
Nose: _____
Lymph nodes: _____
Thyroid: _____
Tonsils & Adenoids: _____
Teeth: _____
Heart: _____
Hypertension: Hyperlipidemia:

Lungs: _____
Abdomen: _____
Genito-urinary: (Tanner) _____
Hernia: _____
Neurological: _____
Nutrition: _____
Orthopedic: _____
Skin: _____
Other: _____

SCOLIOSIS: Negative Positive Evaluated by physician/practitioner

GENERAL PHYSICAL & EMOTIONAL STATUS: _____

ILLNESSES & OPERATIONS: _____ Date: _____
_____ Date: _____

PHYSICAL EDUCATION/SPORTS:

Physician signature below certifies that the above named student is physically qualified to participate in all physical education activities and/or categories of sports competition during the coming school year with the exception of the following:

OFFICE STAMP NECESSARY HERE ↓

Examiner's Name _____
Address: _____
City/State/Zip: _____

SIGNED: _____
Telephone #: _____
Date of Exam: _____