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 _____ SIGNED: _____
Address: _____ Telephone #: _____
City/State/Zip: _____ **Date of Exam:** _____

SIGNATURE INDICATES THAT THIS CHILD HAS BEEN EXAMINED BY THE ABOVE PHYSICIAN/PRACTITIONER AND HAS BEEN FOUND IN GOOD PHYSICAL CONDITION TO ATTEND SCHOOL AND PARTICIPATE IN ALL SCHOOL RELATED ACTIVITIES. 4/12-