

**Mount Pleasant Cottage School
Union Free School District**

7512F.1

Health Certificate/ Appraisal Form

NYSED requires an annual physical exam for new entrants, student in grade K, 2, 4, 7, and 10, sports, working permits and triennially for Committee of special Education (CSE)

NAME: _____ DOB: _____ M/F: _____

Last PE: _____ Allergies: _____

Weight: _____ Height: _____ BMI: _____ WT/HT %: _____ B/P: _____ P: _____ R: _____ Temp: _____

History: _____

Medications: _____

Illness/Problems/Concerns: _____

General appearance: _____

REVIEW OF SYSTEMS: N=Normal/Negative

SKIN: _____

ABDOMEN: _____

EYES: _____

GENITALIA: _____

EARS: _____

Boys: Testes _____

Girls: LMP _____

NOSE: _____

BREAST: _____

NECK/THROAT: _____

EXTREMETIES: _____

MOUTH/DENTATION: _____

SPINE: _____

LYMPH GLANDS: _____

SCOLIOSIS SCREEN: _____

LUNGS: _____

NEUROLOGY: _____

HEART: _____

HEARING: R _____ L _____

FEMORAL PULSES: _____

VISION: R _____ L _____

Diagnosis: _____

Recommendations/ Referrals: _____

Examiners Signature: _____ Date: _____

Examiners Name: _____ Phone #: _____