

**Mount Pleasant Cottage School  
Union Free School District  
Health Certificate/ Appraisal Form**

7512F.1

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 #: \_\_\_\_\_