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).

BALLSTON SPA CENTRAL SCHOOL DISTRICT HEALTH APPRAISAL FORM

Name: _____ **Date of Birth:** _____ **Age:** _____

Date of exam: _____ **Gender:** _____

IMMUNIZATIONS / HEALTH HISTORY

❒ Immunization record attached
❒ No immunizations given today
❒ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ❒ Positive ❒Negative ❒ Not done Date: _____
PPD: ❒ 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 _____

_____

Specify current diseases: ❒ Asthma ❒ Diabetes: ❒ Type 1 ❒ Type 2 ❒ Hyperlipidemia

❒ Hypertension ❒ Other: _____

Allergies: ❒ **LIFE THREATENING** ❒ Food: _____ ❒ Insect: _____

❒ Other: _____ ❒ Seasonal _____

❒ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____

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

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

❒ Tanner: I. II. III. IV. V. U/A: _____Glucose _____Protein Scoliosis: ❒ Negative ❒ Positive: _____

Specify any abnormality during health examination (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: cheerleading, gymnastics, ski, volleyball, cross-country, handball, baseball, floor hockey, softball.
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, weight train, dance, track, run, walk, rope jump.

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

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

❒ **Restrictions:** _____ ❒ Please monitor

❒ **Protective equipment required:** ❒ Athletic Cup ❒ Sport goggles/impact resistant eyewear ❒ Other: _____

(Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____

Parent Signature: _____ Date: _____ revised 5/10