# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex: □ M □ F</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Grade:</td>
<td>Exam Date:</td>
</tr>
</tbody>
</table>

## HEALTH HISTORY

### Allergies
- [ ] No
- [ ] Yes, indicate type
- [ ] Food
- [ ] Insects
- [ ] Latex
- [ ] Medication
- [ ] Environmental

### Asthma
- [ ] No
- [ ] Yes, indicate type
- [ ] Intermittent
- [ ] Persistent
- [ ] Other: ________________
- [ ] Asthma Care Plan Attached

### Seizures
- [ ] No
- [ ] Yes, indicate type
- [ ] Type: ________________
- [ ] Date of last seizure: ________________
- [ ] Seizure Care Plan Attached

### Diabetes
- [ ] No
- [ ] Yes, indicate type
- [ ] Type 1
- [ ] Type 2
- [ ] HbA1c results: ________________
- [ ] Date Drawn: ________________

#### Risk Factors for Diabetes or Pre-Diabetes:

*Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*

#### BMI
- [ ] kg/m2
- [ ] Percentile (Weight Status Category): □ 5th □ 6th-49th □ 50th-84th □ 85th-94th □ 95th-98th □ 99th and>

### Hyperlipidemia
- [ ] No
- [ ] Yes

### Hypertension
- [ ] No
- [ ] Yes

## PHYSICAL EXAMINATION/ASSESSMENT

### Height:

### Weight:

### BP:

### Pulse:

### Respirations:

### Other Pertinent Medical Concerns

<table>
<thead>
<tr>
<th>TESTS</th>
<th>Positive</th>
<th>Negative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD/PRN</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Screen/PRN</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Lead Level Required Grades Pre- K &amp; K</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

[ ] Test Done

[ ] Lead Elevated > 10 μg/dL

### Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

- [ ] HEENT
- [ ] Lymph nodes
- [ ] Abdomen
- [ ] Extremities
- [ ] Speech
- [ ] Dental
- [ ] Cardiovascular
- [ ] Back/Spine
- [ ] Skin
- [ ] Social Emotional
- [ ] Neck
- [ ] Lungs
- [ ] Genitourinary
- [ ] Neurological
- [ ] Musculoskeletal

### Assessment/Abnormalities Noted/Recommendations:

- [ ] Diagnoses/Problems (list)
- [ ] ICD-10 Code

[ ] Additional information Attached

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Name:

<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th>Right</th>
<th>Left</th>
<th>Referral</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance Acuity With Lenses</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision – Near Vision</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision – Color</td>
<td>□ Pass □ Fail</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hearing                                                                   | Right dB | Left dB | Referral |
----------------------------------------------------------------------------|-----------|----------|----------|
Pure Tone Screening                                                        |           |          |          |       |
Scoliosis                                                                  | Negative  | Positive | Referral |
And girls grades 5 & 7                                                     | □         |          | □ Yes    | □ No  |

Deviation Degree: Trunk Rotation Angle: 

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ Full Activity without restrictions including Physical Education and Athletics.

☐ Restrictions/Adaptations
  ☐ No Contact Sports
    Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
  ☐ No Non-Contact Sports
    Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field

☐ Other Restrictions:

☐ Developmental Stage for Athletic Placement Process ONLY
  Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports
  Student is at Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ Accommodations: Use additional space below to explain
  ☐ Brace*/Orthotic ☐ Colostomy Appliance* ☐ Hearing Aids
  ☐ Insulin Pump/Insulin Sensor* ☐ Medical/Prosthetic Device* ☐ Pacemaker/Defibrillator*
  ☐ Protective Equipment ☐ Sport Safety Goggles ☐ Other:
  *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain:

MEDICATIONS

☐ Order Form for Medication(s) Needed at School attached

List medications taken at home: 

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSII S Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature: 

Provider Name: (please print)

Provider Address: 

Phone: 

Fax: 

Please Return This Form To Your Child’s School When Entirely Completed.

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