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).

HEALTH APPRAISAL FORM

Name:	e: Date of Birth:							
School:	Gender: I							
		Sickle Cell Screen: Positive Neg		Negative Negative No				
Significant Medical/Surgical History:	attached						•	
Specify/current diseases:	a Diabetes	: □Турет □Туре	2	Hyperlipid	emia		ypertension	
Altergles: Diffe Inkeatening Drood:		U insect:			er:		2002	
☐ Seasonal ☐ Medic	cation:							
。 [18] 秦京斯·维拉克斯·马克斯·马斯克克斯斯斯克斯	Ales, PH	YSICAL EXAM	大部局的				STATE OF THE	
Height: Weight:		Blood Pressure: Date			te of Exam:	of Exam:		
BodÿīWass Index:		Vision - without glas	ses/contact len	ses 5			Referral	
Weight Status Category (BMI'Percentile):		Vision - with glasses	s/contact lenses	R		L		
	50 th through 84 th	Vision - Near Point	DI CONTEGUE TO TO CO	R		<u> </u>	-	
D 85th through 94th D 95th through 198th D 95	99 ^m rand.higher	Hearing 🖸 Pass 20	db sc both ear	s or: R		L	 	
	Complete Laboratory of the part of the laboratory of the laborator	EDICATIONS			的過去%			
Medications (list all): ☐ None ☐ Addition	onal medications	listed on reverse of fo						
Name:	The second	Dosage/Time:						
Name:	The same of the sa							
Name:	J No S school setting. I	Dosage/Time: tudent may self carry Please advise parent to	and self adminition send in addition to the send in addition the send in addition the send in the send	ster medica onal medic peen given	ation 🗆 Yesation in the	s	emergency	
If AM dose is missed at home: I assess this student to be self-directed Yes Note: Nurse will also assess self-direction for the sheltering is nec PHYSICAL*EDUCATION SPO Free from contagions & physically qualified Limited contact: cheerlead, gymnastics, ski, vo Non-contact: badminton, bowl, golf, swim, tab	No S school setting. I cessary at school PRTS //PLAYCH for all physical olleyball, cross-co le tennis, tennis, a	tudent may self carry please advise parent to or if the morning med count work or education, sports, please archery, riflery, weight	and self administoned in addition has not leading to the control of the control o	ster medica onal medica peen given N/CSE/C k & school hockey, si	ation Yestation in the constitution in the constitution of activities of the control of the cont	s		
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This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 10/3/07

Student Health Appraisal Supplement for Body Mass Index and Weight Status Reporting

This supplement should be completed and attached to student health appraisals for students in Kindergarten, 2nd, 4th, 7th or 10th grade. This information is required under New York State Education Law (Section 903) by the beginning of the 2008 academic school year.

Student Name:		Date	of Birth:		<i></i>
First	Last			mm dd	уууу
Gender:	Male Female				
Grade (Check One):	Kindergarten 2	2 4	7	<u> </u>	
Date of Measurement	:// mm dd yyyy				
Body Mass Index (BN	II):•				
Weight Status Categor	ory (Based on BMI percentile	es for age and g	ender):		
(Check ONE)	Less than 5 th 5 th through 49 th 50 th through 84 th 85 th through 94 th 95 th through 98 th 99 th and higher				
Specify current disea	Asthma Diabetes, Type 1 Diabetes, Type 2				
	Hyperlipidemia (Hig			es)	