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| **REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM****TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR****IF AN AREA IS NOT ASSESSED INDICATE NOT DONE** |
| **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) orCommittee on Pre-School Special education (CPSE). |
| **STUDENT INFORMATION** |
| Name | Sex:  M  F | DOB: |
| School: | Grade: | Exam Date: |
| **HEALTH HISTORY** |
| **Allergies** ☐ No* Yes, indicate type
 | Type:* Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
 |
| **Asthma** ☐ No* Yes, indicate type
 | * Intermittent ☐ Persistent ☐ Other :
* Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
 |
| **Seizures** ☐ No* Yes, indicate type
 | Type:* Medication/Treatment Order Attached
 | Date of last seizure:* Seizure Care Plan Attached
 |
| **Diabetes** ☐ No* Yes, indicate type
 | Type: ☐ 1 ☐ 2* Medication/Treatment Order Attached
 | * Diabetes Medical Mgmt. Plan Attached
 |
| **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):**  <5**th**  5th-49th  50th-84th  85th-94th  95th-98th  99th and>**Hyperlipidemia:** ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done |
| **PHYSICAL EXAMINATION/ASSESSMENT** |
| **Height:** |  | **Weight:** |  | **BP:** |  | **Pulse:** |  | **Respirations:** |
| **Laboratory Testing** | **Positive** | **Negative** | **Date** | **List Other Pertinent Medical Concerns****(e.g. concussion, mental health, one functioning organ)** |
| TB- PRN | ☐ | ☐ |  |  |
| Sickle Cell Screen-PRN | ☐ | ☐ |  |
| **Lead Level Required Grades Pre- K & K** | **Date** |
| * Test Done ☐ Lead Elevated **> 5** µg/dL
 |  |
| * **System Review and Abnormal Findings Listed Below**
 |
| * 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
 |  |  | \*Required only for students with an IEP receiving Medicaid |

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| --- | --- |
| Name: | DOB: |
| **Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11**  |
| **Vision** (w/correction if prescribed) | **Right** | **Left** | **Referral** | **Not Done** |
| Distance Acuity | 20/ | 20/ | * Yes ☐ No
 | ☐ |
| Near Vision Acuity | 20/ | 20/ |  | ☐ |
| Color Perception Screening | * Pass
 | * Fail
 |  |  |  |  | ☐ |
| Notes |  |  |
| **Hearing** Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. | **Not Done** |
| Pure Tone Screening | **Right** ☐ Pass ☐ Fail | **Left** ☐ Pass ☐ Fail | **Referral** ☐ Yes ☐ No | ☐ |
| Notes |  |  |  |  |
| **Scoliosis** Screen Boys in grade 9, and Girls in grades 5 & 7 | **Negative** | **Positive** | **Referral** | **Not Done** |
| ☐ | ☐ | * Yes ☐ No
 | ☐ |
|  |
| **RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK** |
| * **Student may participate in all activities without restrictions.**
 |
| * **Student is restricted from participation in:**
 |
| * **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
 |
| * **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
* **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
* **Other Restrictions:**
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| **Developmental Stage for Athletic Placement Process ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.**Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) :  |
| * **Other Accommodations\*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. \*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.
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| **MEDICATIONS** |
| * **Order Form for Medication(s) Needed at School Attached**
 |
| **IMMUNIZATIONS** |
| * Record Attached ☐ Reported in NYSIIS
 |
| **HEALTH CARE PROVIDER** |
| Medical Provider Signature: |
| Provider Name: *(please print)* |
| Provider Address: |
| Phone: |  |  | Fax: |  |  |  |
| **Please Return This Form To Your Child’s School When Completed.** |