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

□ Anaphylaxis Care Plan Attached

Asthma □ No □ Yes, indicate type □ Intermittent □ Persistent □ Other:

□ Asthma Care Plan Attached

Seizures □ No □ Yes, indicate type □ Type:

□ Seizure Care Plan Attached

Date of last seizure: ___________

Diabetes □ No □ Yes, indicate type □ Type 1 □ Type 2 □ HbA1c results: ___________ Date Drawn: ___________

□ 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, Sex Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI ___________ kg/m2 Percentile (Weight Status Category): □ <5th □ 5th-9th □ 9th-19th □ 19th-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

TESTS Positive Negative Date
PPD/PRN □ □ One Functioning: □ Eye □ Kidney □ Testicle
Sickle Cell Screen/PRN □ □ □ Concussion – Last Occurrence: ___________

Lead Level Required Grades Pre-K & K Date □ Mental Health: ___________

□ Test Done □ Lead Elevated > 10 µg/dL □ Other: ___________

□ System Review and Exam Entirely Normal

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:**

**DOB:**

### SCREENINGS

<table>
<thead>
<tr>
<th>Vision</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>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Distance Acuity With Lenses</td>
<td>20/</td>
<td>20/</td>
<td>□ Yes □ No</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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Right dB</th>
<th>Left dB</th>
<th>Referral</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pure Tone Screening</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Scoliosis</td>
<td>□ Negative</td>
<td>□ Positive</td>
<td>□ Referral</td>
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<tr>
<td>Required for boys grade 9</td>
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<tr>
<td>And girls grades 5 &amp; 7</td>
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**Deviations 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 Use the interscholastic Sports Categories (below) for Restrictions or modifications
  - □ 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.

**MEDICATIONS**

- □ Order Form for Medication(s) Needed at School attached

**List medications taken at home:**

**IMMUNIZATIONS**

- □ Record Attached □ Reported in NYSIS Received Today: □ Yes □ No

**HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>Medical Provider Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name: <em>(please print)</em></td>
<td>Stamp:</td>
</tr>
</tbody>
</table>

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