ARDSLEY UNION FREE SCHOOL DISTRICT HEALTH EXAMINATION FORM

Note: NYSED requires an annual physical exam for new entrants and students in Grades pre-K or K, 2, 4, 7 & 10, interscholastic sports and working papers and reevaluations for the Committee on Special Education (CSE)

Name: ______________________ DOB: ______________ Gender: ☐ M ☐ F
School: ______________________ Grade: ______________ ☐NA Exam Date: ____________

IMMUNIZATIONS

☐ Immunization record attached
☐ Immunizations reported on NYSIIS
☐ No immunizations received today

☐ Immunizations received today:

☐ Will return on: to receive:

HEALTH HISTORY

Specify Current Diseases

☐Asthma (☐Intermittent or ☐Persistent)
Quick relief inhaler: ☐Yes ☐No
Asthma Action Plan: ☐Yes ☐No
☐Type 1 Diabetes ☐Type 2 Diabetes
☐Hyperlipidemia ☐Hypertension
☐Other:

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 Information: ______________________

ALLERGIES

☐ **None** ☐ **Non Life-Threatening** ☐ **Life-Threatening**

Type: ☐Food ☐Insect ☐Latex ☐Medication ☐Seasonal/Environmental ☐Other:

Specify allergen(s):

Specify previous symptoms: ☐History of anaphylaxis; last occurrence:

Emergency Care Plan for anaphylaxis: ☐ Yes ☐ No

Treatment prescribed: ☐None ☐Antihistamine ☐Epinephrine Auto injector

PHYSICAL EXAMINATION

Height: Weight: BP: Pulse: Respirations:

Scoliosis: ☐Negative ☐Positive

Body Mass Index:
Weight Status Category (BMI Percentile):
☐ <5th ☐ $85^{th} - 94^{th}$
☐ $5^{th} - 49^{th}$ ☐ $95^{th} - 98^{th}$
☐ $50^{th} - 84^{th}$ ☐ 99th & higher

Vision	Right	Left	*Referral*
Distance acuity			☐Yes ☐No
Distance acuity with lenses			
Vision - near vision			
Hearing	**Right**	**Left**	***Referral***
☐20 db sweep screen both ears or			☐Yes ☐No

Circle developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders): Tanner: ☐ I ☐ II ☐III ☐IV ☐ V

☐System Review and Exam Entirely Normal ☐See Attached
Specify any abnormalities:

PRESCRIPTION MEDICATIONS

Medications (list all) ☐None ☐Additional medication listed on separate form
Name: ______________________ Dosage/Time: ______________________
Name: ______________________ Dosage/Time: ______________________
If AM dose is missed at home: ______________________
I assess this student to be self-directed ☐Yes ☐No Students may self-carry and self-administer medication ☐Yes ☐No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

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

☐ Free from contagions and physically qualified for all activities (physical education, athletics, playground, work, school)
☐ Expected Body Contact (full or limited): football, wrestling, basketball, ice/field/floor hockey, baseball, softball,
☐ Strenuous: cross-country, gymnastics, track & field, swim, diving, crew, ski, cheering, tennis, badminton, fencing,
☐ Non-contact/Non-strenuous: bowling, golfing, table tennis, archery, riflery, shuffleboard, walking
☐ Protective Equipment: ☐Athletic Cup ☐Sport/safety goggles ☐Other:
☐ Medical/prosthetic device:
☐ Recommendations/restrictions:

Provider/Parental Authorization

All information contained herein is valid through the last day of the month for 12 months from the date below.

Medical Provider Signature: ______________________ Date: ______________
Provider Name: (please print) ______________________ Phone No.: ______________
Provider Address: ______________________ Fax No.: ______________
Parent/Guardian Signature: ______________________ Date: ______________

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.