TV 104 (6/2015

TechValley® HIGH SCHOOL

Student Name _____ Date of Birth_____ Grade _____ School _____

☐ Immunizations given since last Health Appraisal: ☐ None given today ☐ Immunization record attached

	1st	2nd	3rd	4th	5th
DTaP	*	*	*		
Tdap	*				
OPV/IPV/EIPV	*	*	*	**	
HIB	*	*	*		
Hep B	*	*	*		
Varicella	*		☐ Disease/Date:		
MMR	*	*			
Other					

SICKLE CELL SCREEN		Date
Positive	Negative	
PPD		Date
Positive	Negative	
LEAD SCREEN		Date
Results:		

Vision—without glasses/contact lenses	R	L
Vision—with glasses/contact lenses	R	L
Vision—Near Point	R	L
Hearing	R	L

PLEASE PROVIDE MO/D/YR FOR ALL IMMUNIZATIONS
*Required for entry to school in NYS: Requirements may vary by age/grade **If IPV

Significant Medical/Surgical History ☐see attached _____

Specify Current Disease: Diabetes: ☐Type 1 ☐Type 2 ☐Asthma ☐Hyperlipidemia ☐Hypertension ☐Other _____

Allergies: ☐None ☐Food ☐Insect ☐Seasonal ☐Medication ☐LIFE THREATENING _____

PHYSICAL EXAM

☐ Check here if entire exam normal BP ____/____ Height _____ Weight _____ BMI _____ BMI Percentile _____

Weight Status Category (BMI Percentile): ☐< 5th ☐5th – 49th ☐ 50th – 84th ☐85th – 94th ☐95th – 98th ☐>98th

	Normal	Abnormal	Comments
Nutrition - BMI			Scale of 1-5: 1=Cachectic (BMI<17.5), 3=WNL (BMI 18.5-24.9), 5=Obese (BMI >29.9)
General Appearance			
Extremities			
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen/Hernia			
Genitalia			Tanner - I. II. III. IV. V.
Musculoskeletal			Scoliosis — Negative — Positive
Neurological			

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ Physically qualified for all sports or full playground.
☐ Not qualified for full participation. May ONLY participate in the areas checked below.
- ☐ Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, team handball, water polo
- ☐ Limited Contact/Endurance: baseball, cheerleading, cross-country, fencing, field events, floor hockey, gymnastics, handball, skiing, softball, swimming, track, volleyball
- ☐ Non-Contact: archery, badminton, bowl, crew, dance, golf, jump rope, rifle team, table tennis, tennis, walking, weights
- ☐ Knowledge based experience

☐ Physically qualified for employment OR specify accommodation _____
☐ Known or suspected disability _____
☐ Restrictions _____

PROVIDER'S SIGNATURE _____ Date _____

PROVIDER'S NAME (STAMP) _____ Phone _____ FAX _____

Parent/Guardian:

New York State Education Law requires students to have a physical examination when they:

- Enter a school district for the first time
- Are in pre-K or kindergarten, second, fourth, seventh, and tenth grades
- Participate in interscholastic sports
- Need working papers
- Are referred to the Committee on Special Education or are scheduled for a triennial review
- Require an appraisal deemed necessary by school authorities to determine an appropriate educational program

While these exams can be administered by the school physician, we urge you to use your child's health care provider. In this manner, a pattern of consistent, optimum health care can be established.

The physical appraisal must describe the condition of the student when the examination was made, which may be no more than twelve months prior to the commencement of the school year in which the examination is required.

If the appraisal is for participation in interscholastic sports, it must be completed no more than 12 months prior to the first day of practice/tryouts for the selected sport.

If this form is not completed and returned to school, or if students do not receive physicals from private physicians, health appraisals will be provided by the school physician during the course of the school year.

Finally, each year a sample of schools in New York State are required to participate in a Department of Health survey to collect data on students' weight status category. Only summary information is included in the survey. No names or identifying information about individual students is shared. Parents must notify the School Nurse in the school their child attends if they choose to have their child's BMI information excluded from the survey report.

Contact the School Nurse if you have any questions.

NOTE: If you have had your child's health care provider complete the front of this form, please return the form to the health office immediately.

_____ _____ _____

Principal School Nurse Telephone Number

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_____ _____/_____

Student Grade/Teacher

Please have the school physician examine my child.

_____ _____ _____

Parent/Guardian (print) Parent/Guardian's Signature Date

NOTE: IF YOU DO NOT RETURN THIS PERMISSION OR THE COMPLETED FORM, YOUR CHILD WILL BE EXAMINED BY THE SCHOOL PHYSICIAN.