

Mohonasen Central Schools
Elementary Health Appraisal Form (Grades K-5)

*NYSED requires an annual physical exam for all new entrants; students in Grades K, 2, 4, 7, 10, and triennially for (CSE).
Any students not presenting the required physical will be examined by the school physician during the school year.*

Name: _____ Date of EXAM: _____
Gender: **M** **F** Date Of Birth: _____ Age: _____ Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunizations given since last Health Appraisal: _____
Immunization record attached **Sickle Cell Screen:** Positive Negative Not done Date: _____
No immunizations given today **PPD:** Positive Negative Not done Date: _____
Elevated Lead: Yes No Not done Date: _____

Dental Referral Yes No Not done Date: _____ Providers Name _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
Other _____

Allergies: None **LIFE THREATENING** _____ Food _____
Insect _____ Seasonal _____ Medication _____ Other _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____

Body Mass Index: _____ Weight Status (BMI Percentile Category): less than 5th
5th through 49th 50th through 84th 85th through 94th 95th through 98th 99th and higher

Vision-Far R 20/ _____ L 20/ _____ With correction R 20/ _____ L 20/ _____
Vision-Near R 20/ _____ L 20/ _____ With correction R 20/ _____ L 20/ _____

Hearing Pass 20 db sc both ears or R _____ L _____ **Scoliosis:** Negative Positive: _____

EXAM ENTIRELY NORMAL Tanner: I II III IV V **Referral** _____
Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form **Medication Orders for School Attached**
Name: _____ Dosage/Time: _____
Name: _____ Dosage/Time: _____
If AM dose is missed at home: _____
****Please advise parent to bring in additional medication(s) in the event morning dose not given or emergency sheltering in school is needed.**

PHYSICAL EDUCATION / PLAYGROUND / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, playground and school activities
May participate only as checked below:
___ Limited contact: Gymnastics, volleyball, track & field, baseball, floor hockey, softball, soccer, football, basketball, playground, adventure activities.
___ Non-contact: Bowling, swimming, dancing, running, walking, jump rope, calisthenics, plyometrics, scooter activity.
Specify medical accommodations needed for school: _____ **None**
Known or suspected disability: _____
Restrictions: _____
Protective equipment required: Glasses/sport eyewear Other: _____

Provider's Signature & Stamp: _____ Date: _____

Provider's Address & Phone Number: _____