UNION ENDICOTT CENTRAL SCHOOL DISTRICT

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH CERTIFICATE/APPRAISAL FORM

Name: ______________________________ Date of Birth: ______________________________

School: ______________________________ Gender: ☐ M ☐ F Grade: ______________________

IMMUNIZATIONS/HEALTH HISTORY

☐ Immunization record attached
☐ No Immunizations given today
☐ Immunizations given since last Health Appraisal:

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 History: ☐ See attached ______________________________

Allergies: ☐ **LIFE THREATENING** ☐ Food: _________ ☐ Insect: _______________ ☐ Other: ____________
☐ Seasonal ☐ Medication: ______________________________ ____________

PHYSICAL EXAM

Height: ________ Weight: ________ Blood Pressure: _________ **DATE OF EXAM**______________________

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

			Referral
Vision - without glasses/contact lenses	R	L	
Vision - with glasses/contact lenses	R	L	
Vision – Near Point	R	L	
Hearing ☐ Pass 20 db sc both ears or:	R	L	

Scoliosis: ☐ Negative ☐ Positive: _______________

☐ **EXAM ENTIRELY NORMAL**

Specify any abnormality:

____

____

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

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / BAND / CSE CONSIDERATION

☐ Free from contagions & physically qualified for all physical education, sports, playground, band & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, weight train, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: ______________________________ ☐ None

☐ Known or suspected disability: ______________________________

☐ Restrictions: ______________________________

☐ Protective equipment required ☐ Athletic Cup ☐ Sport goggles/Impact resistant eyewear ☐ Other: ____________________

Parent must complete and sign medical questionnaire on reverse side.

Provider's Signature: ______________________________ Phone: ________________

Provider's Name/Address: ______________________________ Fax: ___________________

Date: ___________________

UNION-ENDICOTT DEPARTMENT OF ATHLETICS
MEDICAL HISTORY QUESTIONNAIRE

Print Student's Name: ____

Sport: ____

ALL QUESTIONS MUST BE CHECKED YES OR NO. PLEASE EXPLAIN "YES" RESPONSES.

	Question	Yes	No
1.	Do you know of any medical reason why he/she cannot participate in school sports?	☐	☐
2.	History of allergies/anemia/diabetes	☐	☐
3.	Daily medication	☐	☐
4.	Has there been any excessive, unexpected, or shortness or breath associated with exercise?	☐	☐
5.	Has a heart murmur or increased blood pressure been found in a previous physical examination?	☐	☐
6.	Has he/she ever had a seizure of convulsion?	☐	☐
7.	Does he/she experience severe headaches?	☐	☐
8.	Has there been any unexplained weight loss or weight gain during the past six months?	☐	☐
9.	Have any close relatives developed a significant disability or died from cardiovascular disease before the age of 50?	☐	☐
10.	In the past year please elaborate on each of the following and give date:	☐	☐

Concussions:

Fractures:

Surgery:

	Question	Yes	No
11.	Do you know of any existing condition that may limit participation in sports?	☐	☐

<u>FEMALES ONLY</u>

	Question	Yes	No
1.	Has there been a recent change in menstrual patterns?	☐	☐

2. When was your most recent menstrual period? ____/____/____

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of parent/guardian: ____

Home phone: ____________________ Work phone: ________________ Date: ________________

Address: ____