

NYSED requires an annual physical exam for new entrants, students in Grades Pre -K, or K 1, 3, 5, 7, 9 and 11th, sports, working permits and triennially for the Committee on Special Education (CSE).

### FRONTIER SCHOOLS 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: \_\_\_\_\_

Concussion Hx  Yes  No \_\_\_\_\_

Significant Medical/Surgical History:  See attached \_\_\_\_\_

Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

Any family member under 50 with sudden cardiac death  Yes  No

#### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ HR \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Referral

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Vision - without glasses/contact lenses	R	L	
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

#### MEDICATIONS

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed  Yes  No Student 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.

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

Free from contagions & physically qualified for all physical education, sports, playground, work & 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, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_  None

Known or suspected disability: \_\_\_\_\_  Please monitor

Restrictions: \_\_\_\_\_  Please monitor

Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other: \_\_\_\_\_

#### OPTIONAL INFORMATION, if known

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

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FRONTIER CENTRAL SCHOOL DISTRICT

## STUDENT PHYSICAL EXAMINATION

Dear Parent or Guardian,

New York State Education Law mandates that a physical examination on all students who are in the Pre-K or K, 1st, 3rd, 5th, 7th, 9th and 11th grade, new entrants, and triennially for students in special education classes. If you prefer to have your own health care provider conduct this examination, please have the form (on the reverse side) completed and returned to school by October 20th. Any health care provider physical completed on or after September 1st of the previous calendar year will be accepted. In accordance with the law, the District nurse practitioner will provide the physical examination for students who do not return the form. A parent or guardian may be present during the examination with advance notification so a time can be arranged.

You will receive a notice if there is any problem identified during your child's physical examination. If notified, please be sure to take your child to his/her health care provider, eye doctor or dentist as soon as possible. Nurses are required to follow up on all referrals sent to you addressing your child. If you would like any assistance in linking with medical providers, health insurance or any other particulars relative to the referral, please do not hesitate to contact your school nurse. If your child requires a modification in the school environment to best meet his/her physical needs, please advise the school nurse as soon as possible. If medications are required during the school day (including those over-the-counter), forms are available from the school nurse that must be completed by the medical provider per the medication administration policy. The medication administration policy can be found in the District calendar or by contacting the building nurse.

### **SPORTS PHYSICALS**

**Sports physicals are valid for a period of 12 months. We will accept a physical from your private Physician or Practitioner.**