

Grade: _____

School: Kendall Elementary

HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

IMMUNIZATIONS/SCREENING

- Immunizations record attached
- Immunizations given since last health appraisal
- None given today

	1 st	2 nd	3 rd	4 th	5 th	6 th
DTaP	*	*	*			
TD						
Polio (type)	*	*	*	<i>*If IPV</i>		
HIB						
Hep B	*	*	*			
MMR	*	*				
Varivax	*					
			<input type="checkbox"/> Disease Date: _____			
Pneumococcal						
Other						

SICKLE CELL SCREEN		Date: _____
Positive	Negative	
PPD		Date: _____
Positive	Negative	
LEAD SCREEN		Date: _____
Level: _____		

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

** Required for entry to school in NYS - requirements may vary by age and grade*

1. Significant Medical/Surgical History:

2. Allergies and Reaction:

PHYSICAL EXAM

Height: _____ Weight: _____ B.P.: _____ Resting Pulse: _____

Check here if entire exam normal

	Normal	Abnormal
General appearance	_____	_____
Nutrition	_____	_____
Skin	_____	_____
Head	_____	_____
Eyes	_____	_____
Ears	_____	_____
Nose, Throat & Teeth	_____	_____
Lymph Nodes/Thyroid	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neurological	_____	_____

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

Tanner – I. II. III. IV. V.		
Scoliosis:	Negative	Positive
Urine:	Protein _____	Glucose _____

4. Medication:

- None
- Medication at home only
- Medication to be given at school:

Name: _____

Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed and may self-carry medication Yes No

PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK QUALIFICATION

Physically qualified for sports or full playground as indicated below:

- _____ Contact/Collision: basketball, boxing, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, jumping
- _____ Non-contact/strenuous: cheerleading, field, gymnastics, skiing, volleyball, track & field, cross-country, handball, running
- _____ Non-strenuous: badminton, bowling, golf, swimming, table tennis, tennis, archery, riflery
- _____ Knowledge based experience only

Physically qualified for employment

Known or suspected disability: _____

Restrictions: _____

Provider's Name: _____ **Phone:** _____ **Fax:** _____

Provider's Signature: _____ **Date of Exam:** _____

Student Health Examination Form

Kendall Junior/Senior High School Kendall, New York 14476

Student's Name _____ Birth Date _____
Address _____ Phone _____
Family Physician's Name _____ Phone _____

Student and Parent/Guardian-please complete the following history:

- 1.If you are under a doctor's care, list doctor and reasons:
2. List all medications you are currently taking:
3. List all hospitalizations and operations including dates:
4. List all allergies and reactions:
5. List all injuries in the past 2 years requiring medical attention:
6. Have you ever had a concussion? List dates and reasons:
7. Do you have a history of asthma, cardiac problems or diabetes?
8. Have you ever passed out during or after exercise?
9. Have you ever been dizzy during or after exercise?
10. Have you ever had chest pain during or after exercise?
- 11.Do you tire more quickly than your friends during exercise?
12. Have you ever had racing of your heart or skipped heart beats?
13. Have you ever had high blood pressure?
14. Have you ever been told that you have a heart murmur?
15. Has anyone in your family died of heart problems or sudden cardiac arrest before age 50?
16. List all other relevant physical or medical information:

Parent's signature _____ Date _____