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

	1st	2nd	3rd	4th	5th	6th
DTaP	*	*	*			
TD						
Polio (type)	*	*	*	*If IPV*		
HIB						
Hep B	*	*	*			
MMR	*	*				
Varivax	*		☐ Disease Date:			
Pneumococcal						
Other						

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

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

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:** ______________

Revised 8/24/2008

KENDALL ELEMENTARY SCHOOL
KENDALL, NEW YORK 14476
585-659-8317

Annual Health History

STUDENT'S NAME: ______________________ GRADE: ________ DATE: _____________

To be completed by parent/guardian –

Names and relation of persons with whom student resides: ______________________________

____

____

For Student:

Current Physician ______________________________ Phone Number: _______________

Current Dentist ________________________________ Phone Number: _______________

List all medications he/she is currently taking and why: ______________________________

____

List all allergies and reaction: ____

____

____

List any serious illnesses or medical conditions, what treatment has been prescribed: _____________

____

____

List any hospitalizations and surgeries including dates or age, include emergency room visits: ______

____

____

Vision Problems ________________________ Wears glasses YES ________ NO ________

Hearing Problems ____

Dental problems ____

Any other relevant physical or medical information: ________________________________

____

____

Any questions or concerns: ____

____

____