

BETHLEHEM CENTRAL SCHOOL DISTRICT PHYSICAL/HEALTH EXAMINATION FORM

NYSED requires a physical exam for new entrants, and for students in Grades K, 1, 3, 5, 7, 9, and 11, sports, and working permits

GRADE: New - K - 1 - 3 - 5 - 7 - 9 - 11 / SPORT: _____ / WORKING: _____

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: _____

Significant Medical/Surgical History: See attached _____

History of Concussion / Head Injury: _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____ Date of Exam: _____

A VISION SCREENING EXAM IS REQUIRED FOR ALL SPORT PHYSICALS

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	VISION	RIGHT	LEFT	REFERRAL
	Distance acuity			
	Distance acuity <i>with</i> lenses			
	HEARING	RIGHT	LEFT	REFERRAL
	<input type="checkbox"/> Pass 20 db sc both ears or:			

EXAM ENTIRELY NORMAL

Scoliosis: Negative Positive: _____ Degree of deviation: _____

Specify any physical exam abnormality (use reverse of form if needed): _____

MEDICATIONS

Medication(s): Student is on no medications Student is on the following medication(s):

Name: _____ Dosage/Time: _____

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NOTE: If medication is required at school, a separate medical provider order is required. For secondary students, please be sure to indicate if the student is able to self-administer and self-carry medication on the student's medication order for school.

Check developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders):

Tanner: _____ I _____ II _____ III _____ IV _____ V _____

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

Medical Clearance: 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: _____

ADDITIONAL STUDENT HEALTH INFORMATION:

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: _____

***School Physician Approval (required for BCSD athletes only):** _____ **Date:** _____*