

CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION
STUDENT HEALTH APPRAISAL

H.E. 104 (Rev. 2/06)

Student Name _____ Date of Birth _____ Grade _____ School _____

IMMUNIZATIONS/SCREENING

Immunizations given since last Health Appraisal: None given today Immunization record attached

	1st	2nd	3 rd	4th	5th	SICKLE CELL SCREEN		Date
DTaP	*	*	*			Positive	Negative	
dT	*	*	*			PPD		Date
OPV/IPV/EIPV	*	*	*	**		Positive	Negative	
HIB	*	*				LEAD SCREEN		Date
Hep B	*	*	*			Positive	Negative	
Varicella	*			<input type="checkbox"/> Disease/Date: _____				
MMR				Vision—without glasses/contact lenses		R		L
Other				Vision—with glasses/contact lenses		R		L
				Vision—Near Point		R		L
				Hearing		R		L

PLEASE PROVIDE MO/D/YR FOR ALL **If IPV
*Required for entry to school in NYS: Requirements may vary by age/grade

Significant Medical/Surgical History see attached _____

Allergies: None Food Insect Seasonal Medication LIFE THREATENING _____

PHYSICAL EXAM

Check here if entire exam normal BP _____ Height _____ Weight _____ BMI _____

	Normal	Abnormal	Comments
Nutrition/Body Mass Index			Scale of 1-5: 1=Cachectic (BMI<17.5), 3=WNL (BMI 18.5-24.9), 5=Obese (BMI >29.9)
General Appearance			
Extremities			
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen/Hernia			
Genitalia			Tanner - I. II. III. IV. V.
Musculoskeletal			Scoliosis Negative Positive
Neurological			

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

- Physically qualified for all sports or full playground.
- Not qualified for full participation. May **ONLY** participate in the areas checked below.
- Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, team handball, water polo
 - Limited Contact/Endurance: baseball, cheerleading, cross-country, fencing, field events, floor hockey, gymnastics, handball, skiing, softball, swimming, track, volleyball
 - Non-Contact: archery, badminton, bowl, crew, dance, golf, jump rope, rifle team, table tennis, tennis, walking, weights
 - Knowledge based experience
- Physically qualified for employment OR specify accommodation _____
- Known or suspected disability _____
- Restrictions _____

PROVIDER'S SIGNATURE _____ Date _____
PROVIDER'S NAME (STAMP) _____ Phone _____ FAX _____

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Parent/Guardian:

New York State Education Law requires students to have a physical examination when they:

- Enter a school district for the first time
- Are in pre-K or kindergarten, second, fourth, seventh, and tenth grades
- Participate in interscholastic sports
- Need working papers
- Are referred to the Committee on Special Education or are scheduled for a triennial review
- Require an appraisal deemed necessary by school authorities to determine an appropriate educational program

While these exams can be administered by the school physician, we urge you to use your child's health care provider. In this manner, a pattern of consistent, optimum health care can be established.

The physical appraisal must describe the condition of the student when the examination was made, which may be no more than twelve months prior to the commencement of the school year in which the examination is required.

If the appraisal is for participation in interscholastic sports, it must be completed no more than 12 months prior to the first day of practice/tryouts for the selected sport.

Students who are new or returning to the City School District of Albany may not participate in the physical education program until a physical exam is performed and/or this completed form is returned to the school.

If this form is not completed and returned to school, or if students do not receive physicals from private physicians, health appraisals will be provided by the school physician during the course of the school year.

Contact the School Nurse/Teacher if you have any questions.

NOTE: If you have had your child's health care provider complete the front of this form, please return the form to the health office immediately.

Principal

School Nurse/Teacher

Telephone Number

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Student

Grade/Teacher

Please have the school physician examine my child.

Parent/Guardian (print)

Parent/Guardian's Signature

Date

NOTE: IF YOU DO NOT RETURN THIS PERMISSION OR THE COMPLETED FORM, YOUR CHILD WILL BE EXAMINED BY THE SCHOOL PHYSICIAN.