



Child's Name: _____ Date of Birth: _____ Grade: _____ School: _____

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

	1st	2nd	3rd	4th	5th	SICKLE CELL SCREEN		Date	
DTaP	*	*	*			Positive	Negative		
Tdap	*					PPD		Date	
OPV/IPV/EIPV	*	*	*	**		Positive	Negative		
HIB	*	*	*			LEAD SCREEN		Date	
Hep B	*	*	*			Results:			
Varicella	*			___ Disease/Date: _____					
MMR	*	*		Vision - without glasses/contact lenses		R	L		
Other				Vision - with glasses/contact lenses		R	L		
PLEASE PROVIDE MO/D/YR FOR ALL IMMUNIZATIONS						Vision - near point		R	L
* Required for entry to school in NYS: Requirements may vary by age/grade ** If IPV						Hearing		R	L

Significant Medical/Surgical History ___ see attached _____

Specify Current Disease: Diabetes: ___ Type 1 ___ Type 2 ___ Asthma ___ Hyperlipidemia ___ Hypertension ___ Other: _____

Allergies: ___ None ___ Food ___ Insect ___ Seasonal ___ Medication ___ LIFE THREATENING _____

PHYSICAL EXAM DATE: _____

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

Weight Status Category (BMI Percentile):	<5th	5th-49th	50th-84th	85th-94th	95th-98th	>98th
	Normal	Abnormal	Comments			
Nutrition - BMI			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 specific accomodation _____
- ___ Known or suspected disability _____
- ___ Restrictions _____

PROVIDER'S SIGNATURE _____ Date: _____

PROVIDER'S NAME (STAMP) _____ Phone: _____ Fax: _____