

## Highland Falls/Ft. Montgomery Central School District HEALTH CERTIFICATE / APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

Significant Medical/Surgical History: \_\_\_\_\_

History of Concussion/Head Injury (give dates): \_\_\_\_\_

Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_

Seasonal  Medication: \_\_\_\_\_

### PHYSICAL EXAM

\*\*Date of Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Dental Referral  Yes  No

*Referral*

|  |  |   |   |  |
|--|--|---|---|--|
| Body Mass Index: _____ . _____   | Vision - without glasses/contact lenses                      | R | L |  |
| Weight Status Category (BMI Percentile):   | Vision - with glasses/contact lenses                         | R | L |  |
| <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>    | Vision - Near Point  | R | L |  |
| <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher | Hearing <input type="checkbox"/> Pass 20 db sc both ears or: | R | L |  |

EXAM ENTIRELY NORMAL    Tanner: I. II. III. IV. V.    Scoliosis:  Negative  Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

### MEDICATIONS

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

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

Note: Nurse will also assess self-direction for the school setting. **\*\* Please complete Administration of Medication in School form for any medication, including OTC, to be received during school hours.**

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

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

\_\_\_ Limited contact: cheerleading, gymnastics, skiing, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

\_\_\_ Non-contact: badminton, bowling, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_

Known or suspected disability: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

STAMP

School Nurse Signature: \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

ADDITIONAL MEDICATIONS:

Name of Medication \_\_\_\_\_ Dose/Time \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose/Time \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose/Time \_\_\_\_\_

Revised June 2013 LW

Fort Montgomery Elementary School Fax: 845-446-6608

Highland Falls Intermediate School Fax: 845-446-0858

James I. O'Neill HS Fax: 845-446-2123