

THREE VILLAGE CENTRAL SCHOOL DISTRICT
ELEMENTARY PHYSICAL / HEALTH APPRAISAL

Name: _____ Gender: M F Date of Birth: _____

School: _____ Teacher: _____ Grade: _____

PHYSICAL EXAM

DATE OF EXAM: _____ ALLERGIES: _____

Height: _____ Weight: _____ Blood Pressure: _____ Resting Pulse: _____

REQUIRED:

Body Mass Index :

REQUIRED:

Weight Status Category (BMI Percentile):

less than 5th 5th through 49th 50th through 84th 85th through 94th 95th through 98th 99th and higher

REQUIRED:

SPECIFY CURRENT DISEASES:

ASTHMA DIABETES TYPE 1 DIABETES TYPE 2 HYPERLIPIDEMIA HYPERTENSION

AUDIOMETRY MUST INCLUDE VALUES:

AS 500	1000	2000	4000
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 Hz

AUDIOMETRY MUST INCLUDE VALUES:

AD 500	1000	2000	4000
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 Hz

Vision – <u>Uncorrected:</u>	R	L	Vision – <u>Corrected:</u>	R	L
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EXAM ENTIRELY NORMAL

URINALYSIS:

SPEC. GRAV	PRO.	GLUC.	MICRO
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Specify any abnormality:

MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
NEUROLOGICAL			CONCUSSION	DATE:	
EYES / EARS			SCOLIOSIS / SPINE		
NOSE / THROAT			SHOULDER		
HEART / MURMUR			ARM		
LUNGS			HAND		
ABDOMEN			HIP		
GENITALIA			LEG		
SKIN					
HERNIA					
TEETH / MOUTH					

PHYSICAL EDUCATION / PLAYGROUND / CSE CONSIDERATION

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

Specify medical accommodations needed for school: _____

Restrictions: _____

Provider's Signature: _____ Phone: _____ Fax: _____

Provider's Name/Address: _____ Stamp: _____

Parent Signature: _____ Parent Phone Number: _____ Date: _____