

**THREE VILLAGE CENTRAL SCHOOL DISTRICT
SECONDARY PHYSICAL / HEALTH APPRAISAL**

Rev 2/2011

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

School: _____ Grade: _____ Date of Exam: _____

PHYSICAL EXAM

ALLERGIES: _____

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

REQUIRED: Body Mass Index : _____	REQUIRED: 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
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REQUIRED:
SPECIFY CURRENT DISEASES:

ASTHMA DIABETES TYPE 1 DIABETES TYPE 2 HYPERLIPIDEMIA HYPERTENSION

AUDIOMETRY MUST INCLUDE VALUES:

AS 500	1000	2000	4000	Hz
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AUDIOMETRY MUST INCLUDE VALUES:

AD 500	1000	2000	4000	Hz
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Vision – <u>Uncorrected</u> :	R	L	Vision – <u>Corrected</u> :	R	L
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URINALYSIS:

SPEC. GRAV	PRO.	GLUC.	MICRO	TANNER: I. II. III. IV. V.
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EXAM ENTIRELY NORMAL

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

MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
APPEARANCE			CONCUSSION	DATE:	
EYES/EARS/NOSE/THROAT			SCOLIOSIS / SPINE		
LYMPH NODES			SHOULDER/ARM		
HEART/MURMUR			ELBOW/FOREARM		
PULSES			WRIST/HAND		
LUNGS			HIP/THIGH		
ABDOMEN			KNEE		
GENITALIA			LEG/ANKLE		
SKIN			FOOT		
HERNIA					

PHYSICAL EDUCATION / SPORTS / WORK QUALIFICATION / CSE CONSIDERATION

District Chief Medical Officer use only:

Approved as Requested: _____

Approval Deferred _____

Approved with Modification _____

District Chief Medical Officer Signature: _____

Private Medical Doctor Signature: _____ Phone: _____ Stamp: _____

Name/Address: _____

Sport Physical Can Be Performed By Private Doctor or School Physician

I hereby give permission for my child to have a health appraisal/physical

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