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| **REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM****TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR** |
| **Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) orCommittee on Pre-School Special Education (CPSE). |
| **STUDENT INFORMATION** |
|  Name:  |  Affirmed Name (if applicable): | DOB: |
|  Sex Assigned at Birth:  Female  Male | Gender Identity:  Female  Male  Nonbinary  X |
| School: | Grade: | Exam Date: |
| **HEALTH HISTORY** |
| If yes to any diagnoses below, check all that apply and provide additional information. |
| ☐ **Allergies** | Type:* Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
 |
| ☐ **Asthma** | * Intermittent ☐ Persistent ☐ Other:
* Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
 |
| ☐ **Seizures** | Type:* Medication/Treatment Order Attached
 | Date of last seizure:* Seizure Care Plan Attached
 |
| ☐ **Diabetes** | Type: ☐ 1 ☐ 2* Medication/Treatment Order Attached
 | * Diabetes Medical Mgmt. Plan Attached
 |
| **Risk Factors for Diabetes or Pre-Diabetes:** *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.* |
| **BMI** \_kg/m2**Percentile (Weight Status Category):**  < 5**th**  5th- 49th  50th- 84th  85th- 94th  95th- 98th  99th and >**Hyperlipidemia:** ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done |
| **PHYSICAL EXAMINATION/ASSESSMENT** |
| **Height:** |  | **Weight:** |  | **BP:** |  | **Pulse:** |  | **Respirations:** |
| **Laboratory Testing** | **Positive** | **Negative** | **Date** | **Lead Level**Required for PreK & K | **Date** |
| TB- PRN | ☐ | ☐ |  | ☐ Test Done ☐ Lead Elevated **> 5** µg/dL |  |
| Sickle Cell Screen-PRN | ☐ | ☐ |  |
| * **System Review Within Normal Limits**
* **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)
 |
| * HEENT
 | * Lymph nodes
 | * Abdomen
 | * Extremities
 |  | * Speech
 |
| * Dental
 | * Cardiovascular
 | * Back/Spine/Neck
 | * Skin
 |  | * Social Emotional
 |
| * Mental Health
 | * Lungs
 |  | * Genitourinary
 | * Neurological
 | * Musculoskeletal
 |
| * Assessment/Abnormalities Noted/Recommendations:
 |  | Diagnoses/Problems (list) ICD-10 Code\* |
| * Additional Information Attached
 |  |  | \*Required only for students with an IEP receiving Medicaid |

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|  Name: |  Affirmed Name (if applicable): |  DOB: |
| **SCREENINGS**  |
| Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11  |
| **Vision Screening** | **With Correction** ☐Yes ☐ No | **Right** | **Left** | **Referral** | **Not Done** |
| Distance Acuity | 20/ | 20/ | ☐ Yes | ☐ |
| Near Vision Acuity | 20/ | 20/ | ☐ Yes | ☐ |
| Color Perception Screening | * Pass
 | * Fail
 |  | ☐ |
| Notes |
| **Hearing Screening:** Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. | **Not Done** |
| Pure Tone Screening | **Right** ☐ Pass ☐ Fail | **Left** ☐ Pass ☐ Fail | **Referral** ☐ Yes | ☐ |
| Notes |
| **Scoliosis Screening**: Boys grade 9, Girls grades 5 & 7 | **Negative** | **Positive** | **Referral** | **Not Done** |
| ☐ | ☐ | * Yes
 | ☐ |
| **FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS\*/PLAYGROUND/WORK** |
| * **\*Family cardiac history reviewed –** required for Dominic Murray Sudden Cardiac Arrest Prevention Act
 |
| * **Student may participate in all activities without restrictions.**

 **If Restrictions Apply –** Complete the information below |
| * **Student is restricted from participation in:**
 |
| * **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
 |
| * **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
* **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
* **Other Restrictions:**
 |
| **Developmental Stage for Athletic Placement Process ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.**Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V  |
| * **Other Accommodations\*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

 \*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions. |
| **MEDICATIONS** |
| * Order Form for medication(s) needed at school attached
 |
| **COMMUNICABLE DISEASE** | **IMMUNIZATIONS** |
| * Confirmed free of communicable disease during exam
 | ☐ Record Attached ☐ Reported in NYSIIS |
| **HEALTHCARE PROVIDER** |
| Healthcare Provider Signature: |
| Provider Name: *(please print)* |
| Provider Address: |
|  Phone: |  Fax: |
| **Please Return This Form to Your Child’s School Health Office When Completed.** |