PHYSICAL EXAMINATION FORM

School physicals are required for new students and students entering grades K, 2, 4, 7 and 10. Exams completed within the past 12 months are acceptable. **Complete both sides of this form for participation in interscholastic sports. Physical Exam Forms are due prior to the first day of school.**

STUDENT________________________________ **D.O.B.**____/____/____ **Date of Exam**_____/_____/_____

1. **Height**______ **Weight**_____
   B/P______ Pulse________
   Body Mass Index:__________
   Weight Status Category (BMI Percentile)
   __less than 5th __5th – 49th __50th – 84th
   __85th – 94th __95th – 98th __99th and higher
2. **Urinalysis**__________________________
3. Heart ____________________________
4. Breasts ___________________________
5. Lungs ____________________________
6. **Eyes:** R_______ L_______
   with glasses R_____ L_____
   Visual diagnosis_____________________
7. **Ears:** Otoscopic ____________________
   Audiometric__________________
   P.E. tubes______Yes _____No
8. **Speech**___________________________
9. Nose ______________________________
10. Throat____________________________
11. Tonsils __________________________
12. Teeth and Gums ___________________
    Date of dental exam:_______________
13. Skin____________________________
14. Glands (cervical, thyroid, other)_______
15. Nervous system_____________________
16. Hernia ___________________________
17. Genitourinary______________________
18. Tanner I. II. III. IV. V.
19. **Orthopedic**: scoliosis __positive __negative
    Structural Defects ____________
    Posture________ Feet__________
20. Abdomen ___________________

ALLERGIES:____

SURGERIES: ____

SIGNIFICANT ILLNESSES/INJURIES: ____
____

STUDENT CAN PARTICIPATE IN PHYSICAL EDUCATION PROGRAM:
Full activity __________ Restriction ____________ Recommendation____________________________

CURRENT MEDICATION: (please list all medications and dosages):
____

IMMUNIZATION UPDATE: (complete or attach record of immunization)

DPT or DTaP ______/______/ ______/ ______
(3 required)
Tdap __/__/__ **Td or DT**__/__/__

Hepatitis A __/__/__, __/__/__

Polio(OPV or IPV)_____/______/______/ ______
(3 required)
PCV ______/______/______/______

MMR 1.__/__/__ **2.** __/__/__
(2 required)
HIB ____/____/____/____

HEP. B _____/_____/_____
(3 required)

Chicken Pox 1.Disease___/___ **2. Vaccine**__/__/__
(Documented disease or immunization required for all students)
Other______________________________________

PROCEDURES/TESTS
TB screening __________
Chest X-ray____________
Lead screening ________

Signature of examining Physician **Date** **M.D. OFFICE STAMP**

Print Physicians Name _________________________________ **Physicians Office Phone #**________________________

Interscholastic Sports Health Examination

Please complete both sides of this form for participation in interscholastic sports.

This certifies that ________________________________ is physically qualified to participate in the following categories of competition during this school year **except** those crossed out below.

Contact/ Collision	**Limited Contact/Impact**	**Other**
Soccer, Wrestling	Softball, Volleyball, Tennis	
Floor Hockey	Basketball	____________

Physician
Signature: ________________________________ Date: ________________________

Family Physician

The school physician has the final responsibility for the determination of a strudent's eligibility to participate in interscholastic sports. This is in compliance with the State Education Department Regulation 135.4 (7) (h).

Physician
Signature:____ Date: ________________________

School Physician

Parents complete this section:

I give my child permission to participate on all interscholastic athletic teams at school except:

____.

(Check appropriate answer.)
My child _______will/_______ will NOT be participating in interscholastic sports for the school year.

Parent
Signature:____ **Date:**________________________

Parent/Guardian

33 Washington Avenue, Lawrence, New York 11559 Lower school (516)569-3043 Fax (516) 569-3014
Middle School (516) 569-6352 Fax (516) 569-6457 Upper School (516) 569- 3807 Fax (516) 374-5761