

# Health Appraisal/Routine Physicals

Physician – Please use black ink and fill in completely

KENMORE-TOWN OF TONAWANDA UFSD  
 Department of Physical Education/Recreation/Athletics and Health Services

Student's name: \_\_\_\_\_ Grade \_\_\_\_\_  M  F Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

## IMMUNIZATIONS / SCREENINGS

(Check one and record below)  No immunizations/screenings given today  Given since last exam  Record attached

(Fill in dates)	1st	2nd	3rd	4th
DTaP	*	*	*	
Polio <input type="checkbox"/> IPV <input type="checkbox"/> OPV	*	*	*	
HIB				
<input type="checkbox"/> Tetanus or <input type="checkbox"/> Tdap				
Hepatitis B**	*	*	*	
MMR	*	*		
Varivax	*			
Pneumococcal				

Sickle Cell Screen	Positive	Negative	Date
PPD	Positive	Negative	Date
Lead Screen	Positive	Negative	Date
Vision/Hearing			
Vision without:	<input type="checkbox"/> glasses	<input type="checkbox"/> Contact lenses	R L
Vision with	<input type="checkbox"/> glasses	<input type="checkbox"/> Contact lenses	R L
Vision	Near point		R L
Hearing	<input type="checkbox"/> Screening	<input type="checkbox"/> Audiogram	R L
	Tympanogram		R L

\*Required for NYS school entry – varies by age and grade

\*\*  Hep B: Recombivax HB 10 mcg 2-dose schedule (only for adolescents 11 – 15 yrs of age)

## MEDICAL HISTORY

Significant medical/surgical history: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

## PHYSICAL EXAMINATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_ Resting Pulse: \_\_\_\_\_ Fe LMP \_\_\_\_\_

	Normal	Abnormal
General appearance		
Nutrition		
Skin		
Head		
Eyes		
Ears		
Nose/Throat		
Teeth		

	Normal	Abnormal
Neck: nodes/thyroid		
Lungs		
Heart		
Abdomen		
Genitalia		
Musculoskeletal		
Scoliosis	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos
Neurological		

### Body Mass Index

#### Weight Status Category (BMI Percentile):

- less than 5th  
 5<sup>th</sup> through 49th  
 50<sup>th</sup> through 84th  
 85<sup>th</sup> through 94th  
 95<sup>th</sup> through 98th  
 99<sup>th</sup> and higher

Missing organs: Eye, Kidney, Testicle

Tanner Stage:  I  II  III  IV  V

U/A results: \_\_\_\_\_

- No Medication  Medication at home only  Medication to be given at school

Name, route, dosage, frequency, time: \_\_\_\_\_

If morning dose is missed at home: \_\_\_\_\_

Student is 'self-directed'  Yes  No

**Self-directed:** Student knows use and purpose of medication, route, dosage, and frequency of administration. Student is capable of Self-administration of medication with adult supervision; may carry MDI.

Parent/Guardian name (print) \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

**SPORTS:** Student is physically qualified for participation in sports, full playground, and school activities as indicated below:

- Contact/Collision:** Baseball, Basketball, Diving, Field hockey, Football, Ice hockey, Jumping, Lacrosse, Martial arts, Soccer, Softball, Wrestling  
 **Non-Contact/Strenuous:** Cheerleading, Cross-country, Gymnastics, Handball, Running, Skiing, Track and field, Volleyball  
 **Non-Strenuous:** Archery, Badminton, Bowling, Golf, Riflery, Swimming, Table Tennis  
 **Knowledge-based experience only**  
**Protective equipment:**  Athletic cup  Chest pad  Glasses/eyewear  Helmet  Joint pads  Mouth guard  Wrist guards

**EMPLOYMENT:**  Student is physically qualified for employment  Known or suspected disability: \_\_\_\_\_

Restrictions \_\_\_\_\_

Provider name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Provider signature \_\_\_\_\_ Date of exam \_\_\_\_\_