

**CITY SCHOOL DISTRICT OF ALBANY  
BUREAU OF HEALTH AND PHYSICAL EDUCATION  
STUDENT HEALTH APPRAISAL**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Immunizations given since last Health Appraisal:  None given today  Immunization record attached

	1st	2nd	3 <sup>rd</sup>	4th	5th	SICKLE CELL SCREEN		Date
DTaP	*	*	*			Positive	Negative	
Tdap	*					PPD		Date
OPV/IPV/EIPV	*	*	*	**		Positive	Negative	
HIB	*	*	*			LEAD SCREEN		Date
Hep B	*	*	*			Results:		
Varicella	*		<input type="checkbox"/> Disease/Date: _____					
MMR	*	*			Vision—without glasses/contact lenses	R	L	
Other					Vision—with glasses/contact lenses	R	L	
PLEASE PROVIDE MO/D/YR FOR ALL IMMUNIZATIONS					Vision—Near Point	R	L	
*Required for entry to school in NYS: Requirements may vary by age/grade **If IPV					Hearing	R	L	

Significant Medical/Surgical History  see attached \_\_\_\_\_

Specify Current Disease: Diabetes:  Type 1  Type 2  Asthma  Hyperlipidemia  Hypertension  Other \_\_\_\_\_

Allergies:  None  Food  Insect  Seasonal  Medication  LIFE THREATENING \_\_\_\_\_

**PHYSICAL EXAM**

Check here if entire exam normal BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ BMI Percentile \_\_\_\_\_

Weight Status Category (BMI Percentile): <input type="checkbox"/> < 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> – 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> – 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> – 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> – 98 <sup>th</sup> <input type="checkbox"/> >98 <sup>th</sup>			
	Normal	Abnormal	Comments
Nutrition - BMI			Scale of 1-5: 1=Cachectic (BMI<17.5), 3=WNL (BMI 18.5-24.9), 5=Obese (BMI >29.9)
General Appearance			
Extremities			
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lymph Nodes/Thyroid			
Lungs			
Heart			
Abdomen/Hernia			
Genitalia			Tanner - I. II. III. IV. V.
Musculoskeletal			Scoliosis <span style="float:right">Negative Positive</span>
Neurological			

**PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION**

- Physically qualified for all sports or full playground.
- Not qualified for full participation. May **ONLY** participate in the areas checked below.
  - Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, team handball, water polo
  - Limited Contact/Endurance: baseball, cheerleading, cross-country, fencing, field events, floor hockey, gymnastics, handball, skiing, softball, swimming, track, volleyball
  - Non-Contact: archery, badminton, bowl, crew, dance, golf, jump rope, rifle team, table tennis, tennis, walking, weights
  - Knowledge based experience
- Physically qualified for employment OR specify accommodation \_\_\_\_\_
- Known or suspected disability \_\_\_\_\_
- Restrictions \_\_\_\_\_

PROVIDER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
 PROVIDER'S NAME (STAMP) \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

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The City School District of Albany does NOT permit the use of this information for any purpose other than participation in school related activities.

Parent/Guardian:

New York State Education Law requires students to have a physical examination when they:

- Enter a school district for the first time
- Are in pre-K or kindergarten, second, fourth, seventh, and tenth grades
- Participate in interscholastic sports
- Need working papers
- Are referred to the Committee on Special Education or are scheduled for a triennial review
- Require an appraisal deemed necessary by school authorities to determine an appropriate educational program

While these exams can be administered by the school physician, we urge you to use your child's health care provider. In this manner, a pattern of consistent, optimum health care can be established.

The physical appraisal must describe the condition of the student when the examination was made, which may be no more than twelve months prior to the commencement of the school year in which the examination is required.

If the appraisal is for participation in interscholastic sports, it must be completed no more than 12 months prior to the first day of practice/tryouts for the selected sport.

**Students who are new or returning to the City School District of Albany may not participate in the physical education program until a physical exam is performed and/or this completed form is returned to the school.**

**If this form is not completed and returned to school, or if students do not receive physicals from private physicians, health appraisals will be provided by the school physician during the course of the school year.**

Finally, each year a sample of schools in New York State are required to participate in a Department of Health survey to collect data on students' weight status category. Only summary information is included in the survey. No names or identifying information about individual students is shared. Parents must notify the School Nurse/Teacher in the school their child attends if they choose to have their child's BMI information excluded from the survey report.

Contact the School Nurse/Teacher if you have any questions.

**NOTE: If you have had your child's health care provider complete the front of this form, please return the form to the health office immediately.**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School Nurse/Teacher

\_\_\_\_\_  
Telephone Number

.....  
\_\_\_\_\_  
Student

\_\_\_\_\_  
Grade/Teacher

Please have the school physician examine my child.

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

NOTE: IF YOU DO NOT RETURN THIS PERMISSION OR THE COMPLETED FORM, YOUR CHILD WILL BE EXAMINED BY THE SCHOOL PHYSICIAN.