

H.E. 104 (Rev. 2/06)

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

**IMMUNIZATIONS/SCREENING**

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

	1st	2nd	3 <sup>rd</sup>	4th	5th
DTaP	*	*	*		
dT	*	*	*		
OPV/IPV/EIPV	*	*	*	**	
HIB	*	*			
Hep B	*	*	*		
Varicella	*			<input type="checkbox"/> Disease/Date: _____	
MMR				Vision—without glasses/contact lenses	
Other				Vision—with glasses/contact lenses	

<b>SICKLE CELL SCREEN</b>		Date
Positive	Negative	
<b>PPD</b>		Date
Positive	Negative	
<b>LEAD SCREEN</b>		Date
Positive	Negative	

PLEASE PROVIDE MO/D/YR FOR ALL **\*\*If IPV**  
\*Required for entry to school in NYS: Requirements may vary by age/grade

Vision—without glasses/contact lenses	R	L
Vision—with glasses/contact lenses	R	L
Vision—Near Point	R	L
Hearing	R	L

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

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

**PHYSICAL EXAM**

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

	Normal	Abnormal	Comments
Nutrition/Body Mass Index			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			Sciiosis Negative Positive
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 \_\_\_\_\_