

**SWEET HOME CENTRAL SCHOOL DISTRICT  
HEALTH CERTIFICATE/APPRaisal FORM**

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR. NOTE: NYSED requires a physical exam for all new entrants and students in grades Pre-K or K, 1, 3, 5, 7, 9 & 11, annually for interscholastic sports, working papers as needed, or as required by the Committee on Special Education (CSE) or Committee on Pre School Special Education (CPSE)

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**HEALTH HISTORY**

**Allergies:**     No     Medication/Treatment Order Attached     Anaphylaxis Care Plan Attached  
 Yes, indicate type:     Food     Insects     Latex     Medication     Environmental

**Asthma:**     No     Medication/Treatment Order Attached     Asthma Care Plan Attached  
 Yes, indicate type:     Intermittent     Persistent     Other:

**Seizures:**     No     Medication/Treatment Order Attached     Seizure Care Plan Attached  
 Yes, indicate seizure type:    Date of last seizure: \_\_\_\_\_

**Diabetes:**     No     Medication/Treatment Order Attached     Diabetes Medical Mgmt Plan Attached  
 Yes, indicate type:     Type 1     Type 2     Hgb A1c Results: \_\_\_\_\_ Date Drawn: \_\_\_\_\_

**Risk factors for Diabetes or Pre-Diabetes:**

*Consider screening for T2DM if BM%>85% and has 2 or more risk factors: Family hx T2DM, Ethnicity, S/S Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

**BMI:** \_\_\_\_\_ kg/m2    **Percentile (Weight Status Category):** \_\_\_\_\_  
**Hyperlipidemia:**     No     Yes    **Hypertension:**     No     Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

**Height:** \_\_\_\_\_    **Weight:** \_\_\_\_\_    **BP:** \_\_\_\_\_    **Pulse:** \_\_\_\_\_    **Resp:** \_\_\_\_\_

TESTS	Positive	Negative	Date
PPD/PRN	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Lead Level Required Grades Pre-K and K:**

Test Done     Lead Elevated >10mcg/dL

System Review and Exam Entirely Normal

**Check any Assessment Boxes Outside Normal Limits and Note Below Under Abnormalities:**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph Nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social/Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				

**Diagnoses/Problems (list)/ICD-10 Code:**

<b>Vision:</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance acuity	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Distance acuity with lenses	_____	_____		
Near vision	_____	_____		
Color Perception	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			

<b>Hearing:</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	<b>Notes</b>
<b>Pure Tone Screening</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

<b>Scoliosis:</b>	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>
Required for Boys in grade 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
And Girls grades 5 and 7			
Deviation Degree: _____	Trunk Rotation Angle: _____		
Recommendations:			

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

- Full Activity** without restrictions including Physical Education, Athletics and Employment
  - Restrictions/Adaptations**      **Use the Interscholastic Sports Categories (below) for restrictions or modifications**
    - No Contact Sports      Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, wrestling
    - No Non-Contact Sports      Includes archery, badminton, bowling, cross country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field
    - Other Restrictions:
  - Developmental Stage for Athletic Placement Process ONLY**  
 Grades 7 & 8 to play at high school level OR Grades 9 – 12 to play middle school level sports  
 Student is at Tanner Stage:       I     II     III     IV     V
  - Accommodations:** Use additional space below to explain
 

<input type="checkbox"/> Brace/Orthotic*	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sports Safety Goggles	<input type="checkbox"/> Other:
- \*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions

**Explain:** \_\_\_\_\_

**MEDICATIONS**

**Order** form for medication(s) needed at school attached  
 List medications taken at home: \_\_\_\_\_

**IMMUNIZATIONS**

Record attached       Reported in NYSIIS      Received today:  Yes  No

**HEALTH CARE PROVIDER**

**Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL WHEN ENTIRELY COMPLETE**