



School Health Service
Huntington Public Schools
Huntington, New York 11743

PHYSICAL EXAMINATION FORM

Name _____ D.O.B. _____ Gender: M F
was examined and found in good health and able to participate in all athletic programs.

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____ PPD _____
Scoliosis _____ Hearing R _____ L _____ Vision: Near R _____ L _____
**BMI _____ **BMI Percentile _____ Urinalysis _____ Far R _____ L _____

Immunizations:

HIB	_____	_____	_____	_____
DTaP	_____	_____	_____	_____
tdap	_____	_____	_____	_____
IVP	_____	_____	_____	_____
MMR	_____	_____	_____	_____
Hep B	_____	_____	_____	_____
Varicella	_____	_____	_____	_____

For interscholastic Athletic Activities Only:

The above named student is physically qualified to participate in the following categories during the school year. Qualification for contact or collision sports qualifies the student for all other physical activities.

Contact or Collision Sports

Endurance Activities

Other

yes no

yes no

yes no

Football
Baseball
Basketball
Soccer

Hockey (Field)
Wrestling
Lacrosse
Softball

Gymnastics
Swimming
Track
Cross Country

Tennis
Volleyball
Handball
Fencing - Crew

Bowling
Golf
Archery
Field Events
Cheerleading
Rifle Team

Reason for disqualification _____

Date _____ Signed _____ (Physician) _____ M.D.

Signed _____ (Parent or Guardian)



Physician's Stamp

OVER...

**THIS INFORMATION IS REQUIRED UNDER N.Y.S. EDUCATION LAW (Section 903)

**Student Health Appraisal Supplement
for Body Mass Index and Weight Status Reporting**

This supplement should be completed and attached to student health appraisals for students in Kindergarten, 2nd, 4th, 7th or 10th grade. This information is required under New York State Education Law (Section 903) by the beginning of the 2008 academic school year.

Gender: Male Female

Grade (Check One): Kindergarten 2 4 7 10

Date of Measurement: / /
 mm dd yyyy

Body Mass Index (BMI): .

Weight Status Category (Based on BMI percentiles for age and gender):

(Check ONE)

- Less than 5th
- 5th through 49th
- 50th through 84th
- 85th through 94th
- 95th through 98th
- 99th and higher

Specify current diseases (Check ALL that apply):

- Asthma
- Diabetes, Type 1
- Diabetes, Type 2
- Hyperlipidemia (High Cholesterol or Triglycerides)
- Hypertension (High Blood Pressure)