

**HUNTINGTON SCHOOL DISTRICT
School Health Services
50 Tower Street
Huntington Station, NY 11746**

PHYSICAL EXAMINATION FORM

Name: _____ **Date of Birth:** _____ **Gender:** M F

was examined and found in good health and able to participate in all athletic programs.

Date of Examination: _____

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 _____ Vision Far R _____ L _____

Immunizations:

HIB	_____	_____	_____	_____	_____
DTap	_____	_____	_____	_____	_____
tdap	_____	_____	_____	_____	_____
IVP	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
Meningococcal	_____	_____	_____	_____	_____

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 physical activities.

Contact or Collision Sports

Endurance Activities

Other

yes no

yes no

yes no

Football	Hockey (Field)	Gymnastics	Tennis	Bowling	Field Events
Baseball	Wrestling	Swimming	Volleyball	Golf	Cheerleading
Basketball	Lacrosse	Track	Handball	Archery	Rifle Team
Soccer	Softball	Cross	Fencing-Crew		
		Country			

Reason for Disqualification: _____

Date: _____ Signed: _____ MD
(Physician)

Signed: _____
(Parent or Guardian) Physician's Stamp

OVER...

****THIS INFORMATION IS REQUIRED UNDER NYS 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 academic school year.

Gender: Male Female

Grade (Check One): Kindergarten 2nd 4th 7th 10th

Date of Measurement: _____

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)