

**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	_____	_____	_____	_____	_____

**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, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> or 10<sup>th</sup> 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     2<sup>nd</sup>     4<sup>th</sup>     7<sup>th</sup>     10<sup>th</sup>

**Date of Measurement:** \_\_\_\_\_

**Body Mass Index (BMI):** \_\_\_\_\_ = \_\_\_\_\_

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

**(Check One)**

- Less than 5<sup>th</sup>
- 5<sup>th</sup> through 49<sup>th</sup>
- 50<sup>th</sup> through 84<sup>th</sup>
- 85<sup>th</sup> through 94<sup>th</sup>
- 95<sup>th</sup> through 98<sup>th</sup>
- 99<sup>th</sup> 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)