



FORESTVILLE CENTRAL SCHOOL

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 new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and 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: [M] [F] 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 type [ ] Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Diabetes [ ] No [ ] Medication/Treatment Order Attached [ ] Diabetes Medical Mgmt. Plan Attached
[ ] Yes, indicate type [ ] Type 1 [ ] Type 2 [ ] HbA1c results: \_\_\_\_\_ Date Drawn: \_\_\_\_\_

Risk Factors for Diabetes or Pre-Diabetes:

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

BMI \_\_\_\_\_ kg/m2 Percentile (Weight Status Category): [ ] <5th [ ] 5th-49th [ ] 50th-84th [ ] 85th-94th [ ] 95th-98th [ ] 99th and >

Hyperlipidemia: [ ] No [ ] Yes Hypertension: [ ] No [ ] Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: Weight: BP: Pulse: Respirations:
TESTS Positive Negative Date Other Pertinent Medical Concerns
PPD/ PRN [ ] [ ] [ ] One Functioning: [ ] Eye [ ] Kidney [ ] Testicle
Sickle Cell Screen/PRN [ ] [ ] [ ] [ ] Concussion - Last Occurrence: \_\_\_\_\_
Lead Level Required Grades Pre- K & K Date [ ] Mental Health: \_\_\_\_\_
[ ] Test Done [ ] Lead Elevated >=10 ug/dL [ ] Other: \_\_\_\_\_

[ ] System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

[ ] HEENT [ ] Lymph nodes [ ] Abdomen [ ] Extremities [ ] Speech
[ ] Dental [ ] Cardiovascular [ ] Back/Spine [ ] Skin [ ] Social Emotional
[ ] Neck [ ] Lungs [ ] Genitourinary [ ] Neurological [ ] Musculoskeletal

[ ] Assessment/Abnormalities Noted/Recommendations: Diagnoses/Problems (list) ICD-10 Code
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

[ ] Additional Information Attached

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics. <input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications <input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling <input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field <input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> 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"/> Sport 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				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH CARE PROVIDER				
Medical Provider Signature:			<b>Date:</b>	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				

The Forestville Central School District does not discriminate in its employment and admission to programs and activities as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law.

The Forestville Central School District Compliance Officers are: Superintendent, 12 Water Street, Forestville, NY 14062 (716) 965-6539 MS/HS Principal, 4 Academy Street, Forestville, NY 14062 (716) 965-2711 Elem Principal, 12 Water Street, Forestville, NY 14062 (716) 965-2742 Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646)428-3843, email: [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov).