



AMHERST CENTRAL SCHOOL DISTRICT

PHYSICIAN'S HEALTH ASSESSMENT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Male Female Phone \_\_\_\_\_

IMMUNIZATIONS and SCREENING

- Immunizations given since last Health Appraisal
No immunizations given today
Immunization record attached

Table with columns for immunizations (DtaP, OPV, dT, MMR, Hep B, etc.) and screening tests (SICKLE CELL SCREEN, PPD, BLOOD LEAD TEST, etc.).

Significant Medical/Surgical History See attached Medical Alert Tag
Allergies: None Food Insect Seasonal Medication LIFE THREATENING

PHYSICAL EXAM

Check here if entire exam normal. Height Weight B.P. U/A: Glucose: Fe LMP:

Physical Exam table with columns: Normal, Abnormal, Comments. Rows include General Appearance, Nutrition, Skin, Head, Eyes, Ears, etc.

Medication: No Medication Medication (List all below):

Name Dosage/Time
Name Dosage/Time

If morning dose is missed at home

Please send in additional medication in the event that emergency sheltering is necessary at school.

I assess this student to meet criteria for a: self-directed student (can self-medicate with adult supervision) carry and self-administer student

PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK QUALIFICATION/CSE CONSIDERATION

Physically qualified for sports or full playground OR only as checked below:

- Contact/Collision: basketball, diving, field hockey, football, ice hockey, lacrosse, martial arts, soccer, wrestling, team handball, water polo
Limited contact: cheerleading, field, gymnastics, skiing, volleyball, cross-country, handball, fencing, baseball, floor hockey, softball
Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weights, crew, dance, track, running, walking, jump rope
Knowledge based experience only

Physically qualified for employment OR specify accommodation

Known or suspected disability Please monitor

Restrictions Please monitor

Protective equipment required: Athletic cup Glasses/sport eyewear Other

NOTE: NYS Education Department requires an annual physical exam for new entrants, students in Grades Pre-K K, 2, 4, 7 & 10, sports, working permits, and upon entry to and triennially for the Committee on Special Education (CSE). This exam complies with NYSED requirements above and is valid for one year through the last day of the month dated below with the exception of any illness or injury lasting more than five days that will negate this exam.

PROVIDER'S SIGNATURE Date

PROVIDER'S NAME Phone FAX

I give permission for medication to be administered to my child as ordered by my health care provider. I give permission for photographs to be taken of my child to be used on the medication bottle and log to avoid medication errors. [Or, parents can supply passport-type photos to the School Nurse.]

PARENT/GUARDIAN SIGNATURE Date

PARENT/GUARDIAN NAME