

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

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: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____
School: _____	Grade: _____	Exam Date: _____

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, Indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached	
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, Indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other:	
	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached	
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, Indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached	Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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 Not Done Hypertension: No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: _____	Weight: _____	BP: _____	Pulse: _____	Respirations: _____	
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)	
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>			
Slide Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Level Required Grades Pre- K & K			Date		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated > 5 µg/dL					

System Review and Abnormal Findings Listed Below

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Gen/Urinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
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Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name: _____ DOB: _____

SCREENINGS

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>
Notes				
Hearing: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Notes				
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Not Done <input type="checkbox"/>

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

- Student may participate in all activities without restrictions.
- Student is restricted from participation in:
 - Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
 - Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.
 - Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Rifle, Swimming, Tennis, and Track & Field.
 - Other Restrictions:

Developmental Stage for Athletic Placement Process **ONLY** required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V Age of First Menses (if applicable) : _____

Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

Order Form for Medication(s) Needed at School Attached

IMMUNIZATIONS

Record Attached Reported in NYSIS

HEALTH CARE PROVIDER

Medical Provider Signature: _____
 Provider Name: (please print) _____
 Provider Address: _____
 Phone: _____ Fax: _____

Please Return This Form To Your Child's School When Completed.

**The 14 Element AHA Cardiovascular Screening Checklist for Congenital and Genetic Heart Disease
(Recommended for Pre-Participation Screening of Competitive Athletes)**

Personal History

Yes No

- 1. Chest pain/discomfort/tightness/pressure related to exertion
- 2. Unexplained syncope/faint-syncope*
- 3. Excessive exertional and unexplained dyspnea/fatigue or palpitations, associated with exercise
- 4. Prior recognition of a heart murmur
- 5. Elevated systemic blood pressure
- 6. Prior restriction from participation in sports
- 7. Prior testing for the heart, ordered by a physician

Family History

Yes No

- 8. Premature death (sudden and unexpected, or otherwise) before age 50 attributable to heart disease in ≥1 relative
- 9. Disability from heart disease in close relative <50 y of age
- 10. Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of certain cardiac conditions in family members

Physical Examination

Yes No

- 11. Heart murmur**
- 12. Femoral pulses to exclude aortic coarctation
- 13. Physical stigmata of Marfan syndrome
- 14. Brachial artery blood pressure (sitting position)***
- History of Covid (+)

* When determined to be not of neurocardiogenic (vasovagal) in origin. Of particular concern is syncope post-exertion activity.

** Auscultation should be performed in both sitting and standing positions (or with Valsalva maneuver). Objective is to identify murmurs of dynamic LV outflow tract obstruction.

*** Should be taken in both arms.