בית חינוך ע"ש בראנדייס
THE BRANDEIS SCHOOL

REQUIRED NEW YORK STATE SCHOOL HEALTH EXAMINATION FORM 2018-2019

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).

SECTION 1: STUDENT INFORMATION

Child's Name: (Last / First / Middle)

Birth Date: / / (Month / Day / Year) | Sex: ☐ Male ☐ Female | Examination Date: / / (Month / Day / Year)

School: THE BRANDEIS SCHOOL | Grade

SECTION 2: HEALTH HISTORY

ALLERGIES	☐ YES ☐ NO If YES, Indicate Type	☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached ☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental
ASTHMA	☐ YES ☐ NO If YES, Indicate Type	☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached ☐ Intermittent ☐ Persistent ☐ Other:
SEIZURES	☐ YES ☐ NO If YES, Indicate Type	☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached ☐ Type: ☐ Date of Last Seizure:
DIABETES	☐ YES ☐ NO If YES, Indicate Type	☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached ☐ Type 1 ☐ Type 2 ☐ HbA1c Results: ☐ Date Drawn:
	Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% >85% and has more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*	
	BMI: kg/m2	**Percentile (Weight Scale Category):** ☐ <5th ☐ 5th–49th ☐ 50th–84th ☐ 85th–94th ☐ 95th–98th
	Hyperlipidemia: ☐ YES ☐ NO	**Hypertension:** ☐ YES ☐ NO

SECTION 3: PHYSICAL EXAMINATION / ASSESSMENT

Height:	**Weight:**	**BP:**	**Pulse:**	**Respirations:**

TESTS	Positive	Negative	Date
PPD/PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required: Grades Pre-K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dl			

Other Pertinent Medical Concerns

One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ 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	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Child's Name: Last First	Birth Date: / / Month Day Year

SECTION 4: SCREENINGS

VISION	Right	Left	Referral	Notes
Distance Acuity	20/	20/	☐ YES ☐ NO	
Distance Acuity with Lenses	20/	20/		
Vision - Near Vision	20/	20/		
Vision - Color				

HEARING	Right db	Left db	Referral	Notes
Pure Tone Screening			☐ YES ☐ NO	

SCOLIOSIS	Negative	Positive	Referral	Notes
Required for BOYS grade 9 and GIRLS grade 5 & 7	☐	☐	☐ YES ☐ NO	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

SECTION 5: RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **FULL ACTIVITY** without restriction including Physical Education and Athletics.

☐ **RESTRICTIONS/ADAPTIONS** Use the Interscholastic Sports Categories (below) for Restriction or Modifications

☐ No Contact Sports — **Includes:** basketball, baseball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

☐ No Non-Contact Sports — **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field

☐ Other Restrictions:

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to plat high school level OR Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic ☐ Colostomy Appliance* ☐ Hearing Aids

☐ Insulin Pump/Sensor ☐ Medical/Prosthetic Device* ☐ Pacemaker/Defibrillator*

☐ Protective Equipment ☐ Sport Safety Goggles ☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competition

Explain:

SECTION 6: MEDICATIONS

☐ Order Form for Medication(s) Needed at School attached

List Medications taken at home:		

SECTION 7: IMMUNIZATIONS

☐ Record Attached ☐ Reported to NYSIIS Received Today: ☐ YES ☐ NO

SECTION 8: HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL WHEN ENTIRELY COMPLETE