

EAST GREENBUSH CENTRAL SCHOOL DISTRICT  
**TO BE COMPLETED BY PHYSICIAN ONLY**

Student's Name \_\_\_\_\_ Exam Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Body Mass Index: \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_.  
Weight Status Category (BMI Percentile):  
\_\_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:**  
\_\_Asthma  
Diabetes: \_\_ Type 1 \_\_ Type 2  
\_\_ Hyperlipidemia  
\_\_ Hypertension  
\_\_ Other

Vision OD/ 20/ \_\_\_\_\_ O/S 20/ \_\_\_\_\_ with / without correction (please circle)  
Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Hearing \_\_\_\_\_ Nose \_\_\_\_\_  
Teeth & Gums \_\_\_\_\_ Tonsils \_\_\_\_\_ Thyroid \_\_\_\_\_  
Lymph Nodes \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_  
Hernia \_\_\_\_\_ Genito-Urinary \_\_\_\_\_ Skin \_\_\_\_\_  
Speech \_\_\_\_\_ Nutritional Status \_\_\_\_\_ Nervous System \_\_\_\_\_  
Scoliosis Screening \_\_\_\_\_  
Orthopedic: Structural \_\_\_\_\_ Posture \_\_\_\_\_ Feet \_\_\_\_\_  
May child participate in Physical Education Program? \_\_\_\_\_

May participate in Interscholastic Sports? \_\_\_\_\_

Evidence of deterrents to learning? \_\_\_\_\_

Findings and Recommendations \_\_\_\_\_

**\*\*Child is free from contagious or communicable disease\*\***

Preventive Measures and Test (since last health appraisal)

- Immunization record attached
- No immunizations given today
- Immunizations given since last health appraisal / date: \_\_\_\_\_

**ALLERGIES:**  Life Threatening     Food: \_\_\_\_\_     Insect: \_\_\_\_\_     Seasonal: \_\_\_\_\_  
 Other: \_\_\_\_\_     Medication: \_\_\_\_\_

**COMPLETE BELOW FOR INTERSCHOLASTIC SPORTS—GRADES 7-12**

Check box for each category student **is** qualified to participate in:

- |   |  |   |  |
|---|--|---|--|
| CONTACT/<br>COLLISON <input type="checkbox"/> | LIMITED<br>CONTACT/IMPACT <input type="checkbox"/> | STRENUOUS<br>NON-CONTACT <input type="checkbox"/> | NONSTRENUOUS<br>NON-CONTACT <input type="checkbox"/> |
| Field Hockey                                  | Baseball   | Tennis  | Bowling  |
| Football                                      | Basketball   | Cross-country                                     | Golf   |
| Wrestling                                     | Softball   | Track and Field                                   |  |
| Volleyball                                    | Cheerleading                                       |   |  |
| Soccer  |  |   |  |
| Lacrosse                                      |  |   |  |

Exam Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Address \_\_\_\_\_ Physician's Phone \_\_\_\_\_



## EAST GREENBUSH CENTRAL SCHOOL DISTRICT

Administration Center  
29 Englewood Avenue  
East Greenbush, New York 12061

### *HEALTH SERVICES*

Dear Parent(s) and/or Guardian(s):

The New York State Education Law mandates that school children have a physical examination at the following grade levels:

**Kindergarten, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, 10<sup>th</sup> and all newly entering students.  
This examination must have been completed within one calendar year of entering.**

NYS Education Law also requests a Dental Examination Certificate at the above grade level.

If you plan to have your child examined by your family physician, please have the physician record the findings on the backside of this form. The signed physical should be returned to the Health Office as soon as possible.

**If your child plans to participate in Interscholastic Sports, grade 7 through 12,  
a physical must be done annually. Please be sure the sports section is completed.**

Please let your school Health Office know your plans for a physical as early as possible.

Thank you for helping us to reach our goals---Healthy Children.

Sincerely,  
East Greenbush Schools Health Office Staff,

*Kathy Cushing, RN*  
*Tammy Cosgrove, RN*  
Columbia High School  
207-2070  
Fax: 207-2079

*Elizabeth Cohoon RN*  
*Colleen McManus-Sarubbi, RN*  
Goff Middle School  
207-2490

*Tracy Heritage RN*  
Holy Spirit School  
Montessori School

*Marjorie Secor RN*  
Bell Top  
207-2604

*Sarah Tacy RN*  
D.P. Sutherland  
207-2624

*Meg Condo, RN*  
Genet  
207-2684

*Kathleen DeFruscio RN*  
Green Meadow  
207-2644

*Anne Warrington RN*  
Red Mill  
207-2664

### **A PRIVATE PHYSICAL IS STRONGLY ENCOURAGED**

Your family physician or pediatrician is familiar with your child's health history, is able to give a more thorough physical examination, and can advise you regarding immunizations needs. This physical provides an excellent opportunity for you and your child to ask questions or discuss health concerns.