

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 th ___ 5 th through 49 th ___ 50 th through 84 th ___ 85 th through 94 th ___ 95 th through 98 th ___ 99 th and higher	Specify current diseases: ___ Asthma Diabetes: ___ Type 1 ___ Type 2 ___ Hyperlipidemia ___ Hypertension ___ Other
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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/ COLLISON <input type="checkbox"/>	LIMITED CONTACT/IMPACT <input type="checkbox"/>	STRENUOUS NON-CONTACT <input type="checkbox"/>	NONSTRENUOUS NON-CONTACT <input type="checkbox"/>
Field Hockey Football Wrestling Volleyball Soccer Lacrosse	Baseball Basketball Softball Cheerleading	Tennis Cross-country Track and Field	Bowling Golf

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, 2nd, 4th, 7th, 10th 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.