



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's 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,

Kathleen Cushing, RN
Tammy Cosgrove, RN
Columbia High School
Ph: 207-2070
Fax: 207-2079

Elizabeth Cohoon, RN
Goff Middle School
Ph: 207-2490
Fax: 477-2167

Tracy Heritage RN
Holy Spirit School
Ph: 477-5739 Fax: 477-5745
Woodland Hill Montessori
Ph: 283-5400 Fax: 283-4861

Marjorie Secor RN
Bell Top
Ph: 207-2604
Fax: 283-1184

Sarah Tacy RN
D.P. Sutherland
Ph: 207-2624
Fax: 766-9548

Meg Condo, RN
Genet
Ph: 207-2684
Fax: 477-4466

Kathleen DeFruscio RN
Green Meadow
Ph: 207-2644
Fax: 479-7954

Anne Warrington RN
Red Mill
Ph: 207-2664
Fax: 449-2480

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.

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 |
|---|---|

Vision OD/ 20/ _____ O/S 20/ _____ with / without correction (please circle)

Hearing: Pass 20db both ears _____ or: Right _____ Left _____

| | | | |
|------------------------------|--------------------------|----------------------|------------|
| 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 all categories of Interscholastic Sports? _____

Evidence of deterrents to learning? _____

Current Medications _____

Findings and Recommendations _____

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

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 | 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 _____