



## 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 in grades K, 1, 3, 5, 7, 9, 11 and all new entering students. This examination must have been completed within one calendar year of entering.**

**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.**

A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school. If a copy is not given to the school within 30 days, the school will contact you. If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.

#### **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.

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

NYS Education Law also requests a Dental Examination Certificate in grades K, 1, 3, 5, 7, 9, 11 and newly entering students.

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

Sincerely,  
East Greenbush Schools Health Office Staff,

*Kathleen Cushing, RN*  
*Tammy Cosgrove, RN*  
High School  
Ph: 207-2070  
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*Tracy Heritage, RN*  
*Elizabeth Cohoon, RN*  
Goff Middle School  
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*Kate Ryan, RN*  
Holy Spirit School  
Ph: 477-5739  
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*Vanessa Adalian, RN*  
Woodland Hill Montessori  
Ph: 283-5400  
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*Marjorie Secor RN*  
Bell Top  
Ph: 207-2604  
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*Sarah Tacy RN*  
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Ph: 207-2624  
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*Meg Condo, RN*  
Genet  
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Fax: 477-4466

*Kathleen DeFruscio RN*  
Green Meadow  
Ph: 207-2644  
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*Anne Warrington RN*  
Red Mill  
Ph: 207-2664  
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**EAST GREENBUSH CENTRAL SCHOOL DISTRICT**

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 \_\_\_ Hyperlipidemia \_\_\_ Hypertension \_\_\_ Diabetes: \_\_\_ Type 1 \_\_\_ Type 2  
\_\_\_ Allergies: Allergen (s) \_\_\_\_\_ Hx of Anaphylaxis: No \_\_\_ Yes \_\_\_  
Treatment prescribed \_\_\_\_\_  
\_\_\_ Seizures: Type \_\_\_\_\_ Last occurrence \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_  
Current medications \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

Immunizations given since last health appraisal / date: \_\_\_\_\_

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

**\*\*Please check appropriate box / boxes**

**Full Activity** without restrictions including Physical Education and Athletics.

**Restrictions/Adaptations.** Please base restrictions/modifications on the following categories:

**No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, Football, softball, volleyball, competitive cheerleading and wrestling

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

**Other Specific Restrictions:** \_\_\_\_\_

Accomodations / Protective Equipment: \_\_\_\_\_

Exam Date

Physician's Signature

Physician's Name

Physician's Address

Physician's Phone