

ISLIP PUBLIC SCHOOLS

WING ELEMENTARY SCHOOL ♦ 1WINGANHAUPPAUGE RD. ♦ PHONE (631) 859-2357 ♦ FAX (631) 859-2356
COMMACK RD. ELEMENTARY SCHOOL ♦ 300 COMMACK RD. ♦ PHONE (631)-859-2330 ♦ FAX (631) 859-8448
SHERWOOD ELEMENTARY SCHOOL ♦ 301 SMITH AVE. ♦ PHONE (631) 859-2345 ♦ FAX (631) 859-2346
ISLIP MIDDLE SCHOOL ♦ 211 MAIN ST. ♦ PHONE (631) 859-2271 ♦ FAX (631) 859-2277
ISLIP HIGH SCHOOL ♦ 2508 UNION BLVD. ♦ PHONE (631) 859-2244 ♦ FAX (631) 859-2286

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

ANNUAL HEALTH EXAMINATION

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS/HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral: Yes No Not done Date: _____

Varicella disease date _____ Varicella titer _____ Varicella Vaccine (1) _____ (2) _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension

Other: _____
 Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Urine: Sugar _____ Protein _____ Pulse: _____ Scoliosis: _____ Hernia: _____

Body Mass Index: _____				<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision – without glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th	Vision – with glasses/contact lenses	R	L	
<input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th	Vision – Near Point	R	L	
<input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

Protective eyewear for athletics: (CHECK TYPE) (1) Rx Goggles (2) Non-Rx Goggles (3) Contact Lenses
 (4) Polycarbonate Lenses in Glasses (5) None Required

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V.

Specify any abnormality (use reverse of form if needed): _____

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground work & school activities OR only as checked:

_____ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

_____ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

_____ Please monitor

Restrictions: _____

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other _____

Provider's Signature: _____ Phone: _____

Provider's Name: _____ Date: _____

Provider's Address: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days

(PHYSICIAN'S STAMP)

4-18-08