

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).

EAST RAMAPO CSD HEALTH APPRAISAL FORM

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: _____

Significant Medical/Surgical History: See attached _____

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

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ U/A _____ Date of Exam: _____

Referral

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

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

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

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

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:

___ Contact: Football and Ice Hockey
___ Limited contact: wrestling, gymnastics, baseball, softball, diving, basketball, soccer.
___ Non-contact: bowling, golf, swimming, tennis, track and field, cross country, cheerleading, volleyball.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

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

OPTIONAL INFORMATION, if known

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

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____



EAST RAMAPO CENTRAL SCHOOL DISTRICT

**MANDATED IMMUNIZATIONS REQUIRED
FOR SCHOOL ENTRY**

(Immunization Verification Required)*

**ALL STUDENTS ENTERING
PRE – KINDERGARTEN &
BORN ON/AFTER 1/1/98**

- 3 DPT or 3 DT or 3 DtaP
- 3 OPV or 3 IPV (see note 1)
- 1 MMR (see note 2)
- 1 MEASLES (*KINDERGARTEN ONLY*)
- 3 HEPATITIS B (see note 3)
- 1 VARICELLA (see note 2)
- HIB (see note 5) (PRE-K ONLY)*

**NEW STUDENTS BORN
ON/AFTER JAN. 1, 1994
& ENTERING 6TH GRADE**

- 3 DPT OR 3DT OR 3 DtaP
- 3 OPV OR 3 IPV (see note 1)
- 1 MMR (see note 2)
- 1 MEASLES
- 1 VARICELLA (see note 2)
- 3 HEPATITIS B (see note 3)

**ALL STUDENTS BORN
ON/AFTER 1/1/93 &
ENTERING 7TH & 8TH GRADE**

- 3 DPT or 3 DT or 3 DtaP
- 3 OPV or 3 IPV (see note 1)
- 1 MMR (see note 2)
- 1 MEASLES
- 3 HEPATITIS B (see notes 3 & 4)

**STUDENTS ENTERING 6TH
GRADE & 11 YEARS OLD**

IMMUNIZATION SCHEDULE IS
SAME AS STUDENTS BORN
ON/AFTER JAN. 1 1994 &
ENTERING 6TH GRADE
**PLUS 1 Tdap (10 yr old students
entering 6th grade must receive
Tdap when turn 11 yrs old) see
Note 6**

Note 1 – Combination of OPV/IPV requires 3 doses

Note 2 – Born on/after 1/01/00 and minimum age of 1st dose is 12 months old

Note 3 – Hepatitis B – no minimum intervals between dates necessary

Note 4 – 7th Grade enterers must have started Hep B series. Hep B series must be completed prior to 8th grade entry.

Note 5 – 3 doses required if administered less than 15 months of age,
1 dose required if administered on/after 15 months of age (**PreK only**)

Note 6 – Tdap should be deferred for those students that have received a recent Td, DT, DTaP until a period of 2 years has elapsed.

*Verification requirement: health care provider signature and health care provider stamp

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