COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT

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).

HEALTH APPRAISAL FORM

Name:			Date of	State of the second					The state of the s
School:	Gender	. QM QF	Grade:			30			
	'IMMUNIZ/	ATIONS / HEAI				·			
☐ Immunization record attached ☐ No Immunizations given today ☐ Immunizations given since last Health	, Appraisal:	Sickle Cell PPD: Elevated Le Dental Refe	Screen: C ead: C erral C	Positive Positive Yes Yes	☐ No ☐ No	N D evite	ot done ot done	Date:	
Significant Medical/Surgical Histo		· · · · · · · · · · · · · · · · · · ·					·		
Specify current diseases:		etes: 🗇 Type 1		ŝ	Ј Нуре	rlipidemia		O	Hypertension
Allergies: TLIFE THREATENING	☐ Food:					Other:			
☐ Seasonal	☐ Medication:								
		PHYSICAL EX	M						
Height: Weigh	ot:	Blood Press				Date of			
Body Mass Index:		Vision - with	out glasse	s/contact le	nses				Referral
Weight Status Category (BMI Percentile)	A CONTRACTOR OF THE CONTRACTOR	Vision - with	nlasses/c	ontact lense		R		L L	
□ less than 5 th □ 5 th through 49 th					,	R		L	
					,			<u> </u>	
□ 85 th through 94 th □ 95 th through 98 □ EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of fe	Tanner: I. II.	III. IV.	V .		J Nega	· .	ositive:		
□ 85 th through 94 th □ 95 th through 98 ☐ EXAM ENTIRELY NORMAL	Tanner: I. II.	III. IV.	V .		J Nega	ative 🗇 P	ositive:		
☐ 85 th through 94 th ☐ 95 th through 96 ☐ EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of fe	Tanner: I. II.	III. IV.	V		J Nega	ative 🗇 P	ositive:		
□ 85 th through 94 th □ 95 th through 96 □ EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of fe	Tanner: I. II. orm if needed): Additional medication	MEDICATIONS s listed on revers	V.	Scoliosis: C	J Nega	ative ①P	ositive:		
□ 85 th through 94 th □ 95 th through 98 □ EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of formal section of the section o	Tanner: I. II. orm if needed): Additional medication	MEDICATIONS so listed on revers Dosage/	V.	Scoliosis: C	J Nega	ative OP	ositive:	***	
□ 85 th through 94 th □ 95 th through 98 □ EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of formal sections (list all): Name: Name:	Tanner: I. II. orm if needed): Additional medication	MEDICATIONS so listed on revers Dosage/	V.	Scoliosis: C	J Nega	ative OP	ositive:	***	
□ 85 th through 94 th □ 95 th through 98 □ EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of formal sections (list all): Medications (list all): Name: Name: f AM dose is missed at home: assess this student to be self-directed (Note: Nurse will also assess self-directions shelter	Tanner: I. II. orm if needed): Additional medication Yes No on for the school setting, ring is necessary at school	MEDICATION: s listed on revers Dosage/ Dosage/ Student may self Please advise pol or if the momin	V. Be of form Time: Time: carry and earent to seg medicati	Scoliosis: C	J Nega	dication (edication inven.	Ositive:	O No	
D 85th through 94th D 95th through 98th D 95th D 95th through 98th D 95th D	Tanner: I. II. orm if needed): Additional medication Yes No on for the school setting, ring is necessary at school	MEDICATIONS as listed on revers Dosage/ Dosage/ Student may self Please advise pol or if the mominis	V. Be of form Time: Time: carry and carent to se g medicati RK QUAL	Scoliosis: [J Nega	dication (edication iven.	Ositive:	O No	
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D EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of formal f	Tanner: I. II. orm if needed): Additional medication Yes No on for the school setting. ing is necessary at school N / SPORTS / PLAYO qualified for all physica eeded for school: Athletic Cup Sport	MEDICATIONS as listed on revers Dosage/ Dosage/ Student may self Please advise pol or if the momini GROUND / WOR	V. Be of form Time: Time: Carry and arent to se g medicate RK QUAL Prts, playg	Scoliosis: C I self adminion in addition has not l IFICATIO IFICATIO IFICATIO	J Nega ster me stonal me been gi N / C3 rk & scl	edication (edication inven.	Ositive: O Yes In the ev DERA ities O No O Ple	O No yent that TION ne ease mo	t emergency nitor

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	SPORTS	CANDIDATE HEALTH HISTO	RY	***	
11	over had any fractures, disloca	itions, severe sprains or serious inj	uries?	Yes ˈ	No
l lava va	waver been hospitalized OVAY	niaht?		Yes	No
11	aver had curgery?	3		Yes	No
Have yo	hove any allergies?			Yes	No
Do you Do you	take any medications now?		***************************************	Yes	No
17	over been refused permission t	to narticinate in athletics?		1 62	No
	ever experienced any type of h	nead injury or concussion?		Yes	No
Have yo	Mace alocces	Conta	ct Lenses?		
. Do you	wear grasses.			,	
daaaa ayaloin on	y "yes" answers to the questions	above:			
iease explain an	y yes answers to me questions				
			•		
					9"
This certifies that his school year.	the above mentioned student is	physically qualified to participate		ories of c	ompetition
	the above mentioned student is <u>Limited Contact</u>	physically qualified to participate Non-Contact	in the following category Moderately <u>Strenuous</u>	,	ompetition Strenuous
his school year.	•		Moderately	Non-	
his school year. Contact YesNo	Limited Contact Yes No	Non-Contact YesNo	Moderately <u>Strenuous</u> Yes* No	Non-	Strenuous
his school year. Contact YesNo Hoor Hockey	Limited Contact YesNo Baseball	Non-Contact	Moderately Strenuous Yes* No Bowling	<u>Non-</u> Yes_ Arch	Strenuous
his school year. Contact YesNo Toor Hockey Cootball	Limited Contact Yes No Baseball Basketball	Non-Contact YesNo , Aerobic Exercise	Moderately <u>Strenuous</u> Yes* No	Non- Yes_ Arch Boar	Strenuous No ery d Games
his school year. Contact YesN6 Toor Hockey Cootball ce Hockey	Limited Contact Yes No Baseball Basketball Fencing	Non-Contact Yes No Aerobic Exercise Badminton	Moderately Strenuous Yes * No Bowling Golf	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball ce Hockey acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls)	Non-Contact Yes No Aerobic Exercise Badminton Crew	Moderately Strenuous Yes No Bowling Golf Recreational	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball ce Hockey acrosse (Boys)	Limited Contact Yes No Baseball Basketball Fencing	Non-Contact Yes No Aerobic Exercise Badminton Crew Cross Country	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No
Contact YesNo Toor Hockey Cootball Ce Hockey Acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics	Non-Contact Yes No , Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball ce Hockey acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls)	Non-Contact Yes No Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball ce Hockey acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls) Soccer	Non-Contact Yes No , Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball ce Hockey acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls) Soccer Softball	Non-Contact YesNo Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays Swimming Tennis Track & Field	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
his school year.	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls) Soccer Softball Team Football Touch Football Ultimate Frisbee	Non-Contact YesNo Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays Swimming Tennis Track & Field Weight Training	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball Ce Hockey Acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls) Soccer Softball Team Football Touch Football	Non-Contact YesNo Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays Swimming Tennis Track & Field	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
his school year. Contact CesN6 Cloor Hockey Cootball ce Hockey acrosse (Boys) Vrestling	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls) Soccer Softball Team Football Touch Football Ultimate Frisbee Cheerleading	Non-Contact YesNo Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays Swimming Tennis Track & Field Weight Training	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games
Contact YesNo Toor Hockey Cootball Ce Hockey Acrosse (Boys)	Limited Contact YesNo Baseball Basketball Fencing Field Hockey (Girls) Gymnastics Lacrosse (Girls) Soccer Softball Team Football Touch Football Ultimate Frisbee Cheerleading	Non-Contact YesNo Aerobic Exercise Badminton Crew Cross Country Jogging Paddleball Relays Swimming Tennis Track & Field Weight Training	Moderately Strenuous Yes * No Bowling Golf Recreational Games	Non- Yes_ Arch Boar	Strenuous No ery d Games

This certificate is void if the pupil is absent from school five (5) or more days because of illness or because of a significant injury. He/She must be re-certified before participation again.