

Island Trees UFSD HEALTH CERTIFICATE / 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: _____
- 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: _____ Date of Exam: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <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	

EXAM ENTIRELY NORMAL 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:
___ 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
- Restrictions: _____ Please monitor

NAL 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: _____



ISLAND TREES PUBLIC SCHOOLS

Phone: 516-520-2164
Fax: 516-520-0140

DISTRICT HEALTH SERVICES, Karen M. Stephens, R.N., District Head Nurse
ISLAND TREES MEMORIAL MIDDLE SCHOOL
45 WANTAGH AVENUE SOUTH
LEVITTOWN, NEW YORK 11756

Dear Parent or Guardian;

New York State law requires that all new entrants and students in grades Kindergarten, 2nd, 4th, 7th, & 10th graders have a health examination by a New York State Licensed provider. This examination must be provided to school within 30 days of entry into school or the grade levels indicated above. Acceptable physicals may be dated anytime within the 12 months prior to the school year.

You are urged to take your child to your Physician and Dentist as early as possible before school starts in September. Your Physician knows your child and therefore can give your child a complete medical examination, vaccinations and other protective measures that are necessary.

For your convenience and in order to have the Medical and Dental examinations done during the summer months, we are sending you the necessary forms.

Parents please note, it is now required by the New York State Department of Health, that all children entering the above mentioned grades, have a BMI (Body Mass Index) and percentile completed by their Physician.

Thank you for your cooperation.

Karen M. Stephens R.N.
District Head Nurse