Goshen Central School District

SCHOOL HEALTH SERVICES

Physical exams for school sports are valid for 1 year.

If you choose to have your child examined by your health care provider, please submit the completed medical form to the school health office by **October 1st**. If not received by this date, your child will be scheduled for a physical with the school nurse practitioner. Physicals shall be acceptable if performed not more than twelve months prior to the commencement of the school year in which the examination is required.

Vision, hearing and scoliosis screening will be performed according to the New York State guidelines.

(NYS Law Requires Physicals for Grades: K, 2nd, 4th, 7th, 10th, New Entrants and 7th – 12th Sports Participants)

______ I will have my child examined by my own health care provider.

______ The examination has been scheduled for the following date: _____ / _____ / ______

______ I would like my child to be examined in school by the nurse practitioner.

____ Completed Form Attached

Student's Name____ **DOB** ____________________ **Age** ________**Grade** __________

Height __________**Weight** _________ **BP** ________ **Vision (R)** _______ **(L)** _______ **Corrected Y N** **Hearing P F**

Parent's / Guardian's Signature ____ Date ___________________________

Home #______________________________ Work #_________________________________ Cell # ___________________________

TO BE COMPLETED BY HEALTH CARE PROVIDER

	Normal	Abnormal	Comments
Gen. Appearance			
Skin, Hair			
Head			
Eyes, Eyelids			
Ears, Eardrums			
Nose, Throat			
Teeth, Gums			
Lymph Nodes, Thyroid			
Lungs			
Heart			
Chest			
Neurological			
Abdomen			
Hernia (if yes, explain)			
Bones, Joints			
Scoliosis			
Urinalysis			
Tanner Stage: I II III IV			Onset of Menarche

- ☐ Immunizations Update ____
- ☐ Medications ____
  * (MD note required if administered in school)
- ☐ Known Conditions ____
- ☐ **Allergies** ____
- ☐ Restrictions / Protective Gear ____
- ☐ Approved for Sports Y N Date of Physical ____

Provider Signature ____

Print Name or Stamp

Body Mass Index (BMI): __________________________

Weight Status Category (Sex-Specific BMI-for-age-percentile)

- ☐ < 5th
- ☐ 5th to < 50th
- ☐ 50th to 85th
- ☐ 85th to 95th
- ☐ 95th and over