**Goshen High School**

 **Health Office**

**Permission To Do School Physical**

COMPONENTS OF THE SCHOOL HEALTH APPRAISAL

*Students are sometimes shy or sensitive about having a physical exam by a doctor or nurse practitioner who is not their regular medical care provider. Because of this, we feel it is important for you to understand what a school health appraisal generally entails, so you may have a discussion with your child so they know what to expect.*

* Students will be assessed by a nurse for resting pulse, blood pressure, height, and weight
* The examiner will ask the student if they have had dizziness, chest pain, incidents of passing out with exercise, and whether any relative has passed away from a heart attack/heart disease before the age of 50
* Students will be questioned on affect (flat/depressed/anxious/agitated)
* Scoliosis screening-bending over and tool placed on spine for degree measurement
* Medical staff will note appearance-nutrition/hygiene, skin (rash, cystic acne, bruises, scars)
* Medical staff will look into student’s mouth to view: Pharynx (tonsils not inflamed) & Uvula/Palate (not arched & intact)/Teeth in good repair
* Neurological- Finger to nose eyes closed/Pronator Drift test and balance
* Touch Neck-Thyroid/Cervical lymph nodes/Carotid pulse
* A stethoscope will be used to assess lungs (clear-well ventilated)/Heart for abnormalities (To adequately hear the heart, the examiner has to place their stethoscope in the area of the chest where the breast is and under a bra if one is worn)

A letter will be sent home if there are any findings on the screening done at school that would cause concern or require follow-up

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I give my consent to have my child’s physical completed by the District’s contracted nurse practitioner during the school day.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_