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).

HOLY CROSS HIGH SCHOOL MEDICAL FORM

Name: _____   **Date of Birth:** _____   **Grade:** _____

IMMUNIZATIONS / HEALTH HISTORY

❐ **Immunization record is: Attached / listed on reverse side.**

Significant Medical/Surgical History: ❐ See attached _____
_____

Allergies: ❐ **LIFE THREATENING**   ❐ Food: _____   ❐ Insect: _____   ❐ Other: _____

   ❐ Seasonal   ❐ Medication: _____   _____

PHYSICAL EXAM

Height: _____   Weight: _____   Blood Pressure: _____   Date of Exam: _____

Referral

Body Mass Index: _____ _____ . _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
❏ less than 5th ❏ 5th through 49th ❏ 50th through 84th	Vision - Near Point	R	L	
❏ 85th through 94th ❏ 95th through 98th ❏ 99th and higher	Hearing ❏ 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:**

___ 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

❐   **Restrictions:** _____   ❐ Please monitor

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

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

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

Must contain MD"s stamp

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.   *Rev. 8/13*