

**NEW HYDE PARK- GARDEN CITY PARK  
HEALTH EXAMINATION REPORT**

**Student's Name:** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_  
**Physician's Name (Please Print)** \_\_\_\_\_ **Physician's Telephone #** \_\_\_\_\_

**School:** \_\_\_\_\_ **Gender:**  M  F **Grade:** \_\_\_\_\_

**IMMUNIZATIONS / HEALTH HISTORY**

IMMUNIZATION PRINT OUT ATTACHED \_\_\_\_\_ OR FILL OUT COMPLETELY

DTaP: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ Td \_\_\_\_\_ BOOSTRIX \_\_\_\_\_ ADACEL \_\_\_\_\_

OPV/IPV: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

HIB: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

HEP B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ HEP A 1. \_\_\_\_\_ 2. \_\_\_\_\_

MMR: 1. \_\_\_\_\_ 2. \_\_\_\_\_ MEASLES: \_\_\_\_\_ MUMPS: \_\_\_\_\_ RUBELLA: \_\_\_\_\_

VARICELLA: 1. \_\_\_\_\_ 2. \_\_\_\_\_ MENACTRA: \_\_\_\_\_

PREVNAR : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ LEAD LEVEL: \_\_\_\_\_

GARDASIL: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ LAST TB TEST (DATE) \_\_\_\_\_ RESULTS \_\_\_\_\_ (If positive include doctor's note regarding follow up treatment and chest x-rays results)

OTHER: \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

PAST SURGICAL HISTORY: \_\_\_\_\_

MEDICATIONS TAKEN: \_\_\_\_\_

If medications need to be taken during school hours, please fill out "Medication Authorization Form"(Provided by School Health Office)

OTHER \_\_\_\_\_

**Allergies:**  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication : \_\_\_\_\_

**PHYSICAL EXAM**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Pulse: \_\_\_\_\_ Rhythm: \_\_\_\_\_ Murmur: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

*Referral*

Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Vision - without glasses/contact lenses	R	L	
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db both ears, or:	R	L	

**EXAM ENTIRELY NORMAL** Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_

**CONDITION OF STUDENT** \_\_\_\_\_

**PHYSICAL EDUCATION / SPORTS / PLAYGROUND / 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

**Restrictions:** \_\_\_\_\_

**Provider's Stamp:**

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_