

OAK HILL SCHOOL

Health Appraisal Release

39 Charlton Road, Scotia, NY 12302
518-399-5048 ext. 10 FAX 518-399-6140

Name of Student _____

New York State law requires that all students entering 2nd, 4th and 7th grade along with those students entering a school district for the first time have a physical examination during the 2015-2016 school year.

For your convenience we are enclosing a Health Appraisal form which includes immunization information for your health care provider to complete. Please return this form to the school. If the form is left at the doctor's office, please have a stamped envelope with the school's address so the health appraisal form may be sent to the school nurse. Your physician may also fax the physical to the school at 399-6140. If you have any questions, please call the school nurse.

We are requesting that your child's health care provider complete Body Mass Index information on the Health Appraisal Form. Please request that your health provider complete that needed information in order to have a completed Health Appraisal on file at the school.

If your child has a physical scheduled during the school year, please complete the Health Appraisal Release form with the scheduled date and return to the school nurse.

Please keep in mind that as of September 1, 2008, students who are entering 6th grade, who are 11 years of age or older must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).

In addition, Varicella (chicken pox) immunization is now required for all students born on or after January 1, 1994, or by the time they enter 6th grade.

_____ has been or will be examined by the family doctor on _____
Name of student date

Signature of parent or guardian date

OAK HILL SCHOOL

Health Appraisal Form

39 Charlton Road, Scotia, NY 12302
518-399-5048 ext. 10 FAX 518-399-6140

PLEASE RETURN TO OAK HILL SCHOOL

Name of Student _____ Grade _____

According to State Education Law every child must be examined upon entering school in a new district and upon entrance to 2nd, 4th, 7th and 10th grade. We encourage that the family physician or pediatrician does this. Please have the doctor complete this form after your child has been examined. **This form must be returned to the school nurse by the fall of 2015**

Blood Pressure _____	Height _____	Weight _____
Eyes R _____ L _____	Genito-Urinary _____	
Ears (Otosopic) R _____ L _____	Scoliosis _____ negative _____ positive	
Lymph Nodes _____	Body Mass Index: _____ - _____	
Thyroid _____	Weight Status Category (BMI Percentile):	less than 5 th
Nose _____	5 th - 49 th 50 th - 84 th 85 th - 94 th 95 th - 98 th 99 th and higher	
Tonsils _____	Skin (non-communicable) _____	
Teeth _____	Epilepsy _____	
Heart _____	Nervous System _____	
Lungs _____	Speech _____	
Asthma _____	Nutrition _____	
Allergies _____	Other _____	

PHYSICAL LIMITATIONS, IF ANY _____

SERIOUS ILLNESS or SURGERY _____

IMMUNIZATIONS (complete dates are necessary)

POLIO	1 _____	2 _____	3 _____	BOOSTERS _____
(DPT)TRIPLE VACCINE	1 _____	2 _____	3 _____	BOOSTERS _____
Tdap	_____			
MMR	1 _____	2 _____	3 _____	OR Measles _____ Mumps _____ Rubella _____
HIB	_____	_____	_____	_____
HepB	_____	_____	_____	Variceila _____
Other	_____	_____	_____	_____
TB TESTING DATES	_____	RESULTS	_____	_____
LEAD SCREENING	_____	RESULTS	_____	_____

Physician's Signature _____
5/09

Date of Examination _____