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).

City School District of Peekskill HEALTH CERTIFICATE / APPRAISAL FORM

Name:	Dute of Dirti.		
School: Gender:	Date of Birth:		
IMMUNIZA	TIONS / HEALTH HISTORY		
☐ Immunization record attached ☐ No immunizations given today ☐ Immunizations given since last Health Appraisal:	Sickle Cell Screen: Positive Ne PPD:(within one year) Positive Elevated Lead: Yes No Dental Referral Yes No	Negative D N Not c	done Date: of done Date: done Date: done Date:
Significant Medical/Surgical History: See attached			
Allergies: C LIFE THREATENING Food:	Olineart: (704	
	_ Dinsect.	Other:	
	YSICAL EXAM		
Height: Weight:		Data of Eve	·
		Date of Exa	m:Rei
Body Mass Index:	Vision - without glasses/contact lenses	R	.L
Veight Status Category (BMI Percentile): ☐ less than 5 th ☐ 5 th through 49 th ☐ 50 th through 84 th	Vision - with glasses/contact lenses	R	L
☐ less than 5 th ☐ 5 th through 49 th ☐ 50 th through 84 th ☐ 85 th through 94 th ☐ 99 th and higher	Vision - Near Point Hearing □ Pass 20 db sc both ears or:	R	L
	The string at 1 and 20 and 30 and 10 and 30 and		
ledications (list all):	EDICATIONS isted on reverse of form	v	
ame:	Dosage/Time:	20	
ame:			
AM dose is missed at home:	Dosage/Time:		
AM dose is missed at home: assess this student to be self-directed Yes No Student Note: Nurse will also assess self-direction for the school setting. Particularly sheltering is necessary at school of	Dosage/Time: udent may self carry and self administer may self carry and self administer may self carry and self administer may refer to send in additional may refer to send in addit	edication	es
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