RESURRECTION SCHOOL
946 Boston Post Road
Rye, NY 10580
Tele: (914) 925-3510 Fax: (914) 925-3511

HEALTH APPRAISAL FORM

NAME: _____ **DATE OF EXAM:** _____

Date of Birth: _____ **Gender:** ❑ **M** ❑ **F** **School:**_____**Grade:**_____

IMMUNIZATIONS / HEALTH HISTORY

❒ Immunization record attached
❒ No immunizations given today
❒ Immunizations given since last Health Appraisal:
_____

Sickle Cell Screen: ❒ Positive ❒Negative ❒ Not done Date: _____
PPD: ❒ Positive ❒Negative ❒ No risk Date: _____
Elevated Lead: ❒ Yes ❒ No ❒ Not done Date: _____
Dental Referral ❒ Yes ❒ No ❒ Not done Date: _____

Significant Medical/Surgical History: _____

_____

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

ALLERGIES ❒ **LIFE THREATENING** ❒ Food: _____ ❒ Insect: _____ ❒ Other: _____
❒ **NONE** ❒ Medication: _____ ❒ Seasonal:_____

PHYSICAL EXAM

Height: _____ **Weight**: _____ **Blood Pressure**: _____ **Pulse:** _____

Body Mass Index: _____ _____ . _____

Weight Status Category (BMI Percentile):
❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th
❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher

			Referral
Vision - without glasses/contact lenses	R	L	
Vision - with glasses/contact lenses	R	L	
Vision - Near Point	R	L	
Hearing ❑ Pass 20 db sc both ears or:	R	L	

❒ **A COMPLETE EXAM OF ALL SYSTEMS WAS PERFORMED AND IS NORMAL** **SCOLIOSIS:** ❒ Negative ❒ Positive: _____

Specify Abnormality; _____

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION

❒ **This student is physically qualified to participate in all Physical Education activities and supervised sports.**

❒ **This student is RESTRICTED FROM participation as CHECKED BELOW:**

___ **C**ontact/Collision: field hockey, football, ice hockey, lacrosse, soccer, wrestling

___ Limited Contact/Collision: baseball, basketball, diving, gymnastics, handball, skiing, softball, volleyball.

___ Strenuous NonContact: crew, cheerleading, cross-country, track and field, swimming, tennis.

___ NonStrenuous NonContact: archery, bowling, golf, riflery,

Reason for Disqualification:_____

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

Print Provider's Name: _____ Fax: _____