|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  EYESEARS |  |  Name:  |  | Sex:  | Birthday:  |  |
|  |  | **Parent/Guardian Name** | Address | Phone | Cell | Bus. Phone |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | School Name & Location |  Date Entered Date Left | Emergency Contact | Phone |
|  |  |  |  |  |  |
|  |  |  |  | Physician Name | Phone |
|  |  |  |  |  |  |
|  |  | IMMUNIZATIONS |
|  |  | MenACWY |  |  |  |  | DTaP |  |  |  |  | Hep B |  |  |  |  |
|  |  | Polio (OPV/IPV) |  |  |  |  | Hib |  |  |  |  | HPV |  |  |  |  |
|  |  | Varivax disease |  |  |  |  | MMR |  |  |  |  |  PCV |  |  |  |  |
|  |  | Tdap |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Sickle Cell |  |  |  |  | PPD |  |  |  |  | Lead |  |  |  |  |
|  |  | HEALTH HISTORY |
|  |  | Allergies  |  Epi-Pen | Asthma |  Blood Immune Condition |
|  |  | Diabetes Type1  |  Type 2 | Head Injury |  Seizure Disorder |
|  |  | SCREENING PROCEDURES |
|  |  | Grade | **Pre-K** | **K** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
|  |  | Height |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Weight |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EYES |  | Color |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NEAR | With Correction R | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Glasses/Contacts L | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| No Correction R | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
|  L | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| DISTANCE | With Correction R | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Glasses/Contacts L | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| No Correction R | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
|  L | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
|  | Referral Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EARS | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  R | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc |
|  L | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc | sc |
| Referral Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SCOLIOSIS** Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Results |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Referral /Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Dental Certificate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | HEALTH APPRAISALS |
|  |  | Age/Grade  | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
|  |  | Blood Pressure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Tanner Stage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | BMI Percentile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Weight Status Category |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Skin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | HEENT/Teeth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Lymph/Thyroid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Cardiovascular |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Lungs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Abdomen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Genito-urinary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Musculoskeletal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Scoliosis  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Nervous System |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Social/Emotional |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Speech |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | PE Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | MD/DO/NP/PA  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|  |  | **Classification per Contact:**  | 1. **Contact Sports:** Basketball, Competitive Cheer, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, Wrestling 2. **Limited Contact**: Baseball, Fencing, Softball, Volleyball 3. **Non-Contact**: Archery, Badminton, Bowling, Cross-Country, Diving, Golf, Rifle, Skiing, Swim, Tennis, Track & Field |
|  |  | \***WSC Percentile:** [ ]  less than 5th  [ ]  5th through 49th [ ]  50th through 84th [ ]  85th through 94th [ ]  95th through 98th [ ]  99th and higherSample Resource created by the New York State Center for School Health [www.schoolhealthny.com](http://www.schoolhealthny.com) – 08/2019 |

**Nurse’s Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 This resource is available on the NYS Center for School Health website at [www.schoolhealthny.com](file:///C%3A%5CUsers%5Clkhalil%5CDownloads%5Cwww.schoolhealthny.com) 8/2019