

Sherburne - Earlville Middle / High School
HEALTH APPRAISAL FORM

Fax: 607-674-8415

Name _____ *Date of Birth _____ *Gender M F *Grade _____

ALLERGIES: Medication _____

LIFE THREATENING _____ Food _____ Insect _____ Seasonal Other _____

Current Medications: _____

Immunizations given today: _____ PPD (date placed) _____ Negative/Positive

Significant Medical/Surgical History _____

Physical Assessment (to be performed by Health Care Professional)

*Height _____ *Weight _____ *Blood Pressure _____ History of chicken pox disease _____ (date?)

Vision: Right _____ Left _____ (with/without glasses/contact lenses) Vision Referral? _____

Hearing: Right _____ Left _____ Hearing Referral? _____ Dental Referral? _____

*	Normal	Abnormal	Explanation
Scoliosis			
Eyes			
Ears			
Nose			
Throat			
Thyroid			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitals			Tanner Scale:
Extremities			
Nervous Sys			
Skin			
Nutrition			
Musculature			

***Required**

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

***Specify current diseases:**

(check all that apply) *Required

None of the following: **Asthma**

Diabetes, Type 1 **Diabetes, Type 2**

Hyperlipidemia **Hypertension**

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

Restrictions/Accommodations: _____

The above named student is physically qualified to participate in all physical education, work, school activities and the following categories of sports competition for 1(one) year from date of exam.

Any unmarked categories indicate disqualification from the particular group of sports activities.

Contact/Collision

Field Hockey
Football
Ice Hockey
Soccer
Wrestling

Limited Contact Impact

Baseball
Basketball
Diving
Softball
Field Events
Volleyball

Strenuous Non-Contact

Cheerleading
Cross Country
Swimming
Tennis
Track

Non-Strenuous Non-Contact

Bowling
Golf

*Health Care Provider's Signature

*Date of Exam