HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT HEALTH APPRAISAL FORM *

Name:				Date of	of Birth:					
School:		nder: [): :					
	IMMUN	IIZATI	ONS / HEA							
 Immunization record attached No immunizations given today Immunizations given since last Health Significant Medical/Surgical Histor 			PPD: Elevated L Dental Ref	ead: erral	 Positive Positive Yes Yes 				ate: ite:	
Specify current diseases:	□ Asthma D □ Other:		: 🗆 Type 1	🗆 Туре	2	🕽 Hyperli	pidemia		🗖 Нуре	rtension
Allergies: 🔲 LIFE THREATENING	Food: Insect: Other				Other:					
Seasonal	Medication:	·							-	
		PH	SICAL EX	AM						
Height: Weigh	:	-	Blood Pres	sure:			Date of Ex	am:		
Body Mass Index:			Vision - with	nout glas	ses/contact le	enses				eferral
Weight Status Category (BMI Percentile)		+	Vision - with	n glasses	s/contact lens	ies	R		-	
□ less than 5 th □ 5 th through 49 th		ו 84 th	Vision - Nea	-			R	L		
□ 85 th through 94 th □ 95 th through 98	th 99 th and hig	gher	Hearing ם	Pass 20	db sc both e	ars or:	R			
EXAM ENTIRELY NORMAL Specify any abnormality (use reverse of fe			II. IV.	V.	Scoliosis:	Negat				
		ME	EDICATION	V	Scoliosis:	Negat				
Specify any abnormality (use reverse of fe	orm if needed):	ME ations I	EDICATION	V.	Scoliosis:	☐ Negat				
Specify any abnormality (use reverse of for Medications (list all):	orm if needed):	ME ations I	EDICATION isted on reve Dosage	V.	Scoliosis:	□ Negat				
Specify any abnormality (use reverse of fermion of the second sec	orm if needed):	ME ations I St ing. Pl	DICATION isted on reve Dosage Dosage udent may so	V. IS Prse of fo P/Time: P/Time: P/Time: P/Time: P/Time:	Scoliosis: m and self adm o send in add	inister mea	dication	Yes 🛛	No	
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Specify any abnormality (use reverse of fermion Medications (list all): Mame: Name: Name: If AM dose is missed at home: If AM dose is missed at home: I assess this student to be self-directed Note: Nurse will also assess self-directed Note: Nurse will also assess self-directed PHYSICAL EDUC Free from contagions & physically Specify medical accommodations Known or suspected disability: Restrictions:	Additional media	ME eations I string. Pl school o toune ysical e	EDICATION isted on reve Dosage Dosage udent may se lease advise r if the morni D / WORK Q ducation, pl	V. S S Time: Time: V. V. Prove:	Scoliosis: rm and self adm o send in add cation has no ICATION / (nd, work & se	inister mea itional mea t been giv CSE CON chool acti	dication dication in en.	Yes the event TION only as cl None Please Please	No that emer hecked: e monitor e monitor	gency

* Physical Examination for Interscholastic Athletics requires the completion of a different form please contact the School Nurse.