FARMINGDALE PUBLIC SCHOOLS - HEALTH HISTORY - SECONDARY HEALTH EXAMINATION

Student's Name:_____D.O.B._____Grade_____Sex____Sport/Other_____

(Student circle Yes or No)

1. Have you ever had any fractures, dislocations, severe sprains or serious injuries? Yes No
2. Have you ever been hospitalized or treated in an emergency room? Yes No
3. Have you ever had surgery? Yes No
4. Do you have any allergies; __ Seasonal __ Life Threatening __ Asthma __ Medication Yes No
5. Do you take any medication now? Yes No
6. Have you ever experienced any type of head injury or concussion? Yes No
7. Do you have any chronic disease? Yes No
8. Do you have knowledge of any heart murmur, high blood pressure, extra heartbeat, or any other heart abnormality? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE ANSWERS, PLEASE EXPLAIN BELOW:

_____

To the best of my knowledge, the above information is correct:

SIGNATURE _____ ***Date***:_____

~HEALTH EXAMINATION TO BE COMPLETED BY PHYSICIAN~

Height:	*Blood Pressure: Pulse:
Weight:	Abdomen:
Eyes:	Hernia:
Ears:	Heart:
Vision:	Lungs:
Nose & Throat:	Urinalysis: Sugar_____ Protein_____ Blood_____
Mouth & Teeth:	Orthopedic: *Scoliosis
Skin:	Other:

Student requires medication? Yes ___ No ___. If yes, please specify:_____
Student may carry inhaler and self-administer: Yes ___ No ___.
I assess this student to be self-directed: Yes ___ No___.

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: ___ Asthma ___ Diabetes type 1, ___ Diabetes type 2, ___ Cholesterol, ___ Hypertension

DISPOSITION: Full Unlimited Participation: ___ ~ In *"all" sports listed on back---->>>>*

Physician's Signature and Stamp:_____

Actual Date of physical:_____

FOR SCHOOL USE ONLY: TO BE COMPLETED BY SCHOOL NURSE

Date of Last Physical Exam_____Approved_____ Health Records Reviewed_____

School Nurse Signature_____Date_____

HEALTH HISTORY/SECONDARY HEALTH EXAM (cont'd)

Please list any recent immunization dates below:

Polio_______________ ***Varicella***_________________
DTap/TD____________ ***Hep B***___________________
Tdap_______________ ***Hep A***___________________
MMR_______________ ***PPD***______________________
HPV_______________ ***Meningococcal***____________

~~~~~~
~~~~~~

May the student participate in the following ***Interscholastic Sports?***

CONTACT SPORTS/STRENUOUS:

Football, soccer, track and field (indoor and outdoor), cross country, wrestling, basketball, swimming, baseball, softball, lacrosse, volleyball, tennis, and badminton.

YES ______ NO______

NON-CONTACT SPORTS/NON-STRENUOUS:
Bowling, and golf

YES ______ NO______

Protective equipment required: ____ ***Sport goggles***

Other ____

~~~~~~
~~~~~~