

*Celebrating 60 Sensational Years*



# Emanuel Lutheran School

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*2016 International Award-Winning Inviting School  
2017 Inviting School Fidelity Award  
by International Alliance for Invitational Education*

*Faithfully serving families since 1957*

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician: Please answer all information completely. If this is a sports physical, it may be completed by the student's private physician subject to review by a school-appointed physician.

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Age: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: R Uncorrected \_\_\_\_\_ L \_\_\_\_\_ R Corrected \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

**ALLERGIES:**  NONE  EPIPEN Prescribed

**FOOD (List)** \_\_\_\_\_

**MEDICATION (List)** \_\_\_\_\_  **OTHER** \_\_\_\_\_

Immunization Update Information (optional) \_\_\_\_\_

Any History of: Diabetes \_\_\_\_\_ Seizure disorder \_\_\_\_\_

Cardiac/Pulmonary disease \_\_\_\_\_ Post exertional syncope \_\_\_\_\_

Recent injury (within one year) \_\_\_\_\_

H. E. E. N. T.: \_\_\_\_\_ Scoliosis: \_\_\_\_\_

\_\_\_\_\_ Musculoskeletal: \_\_\_\_\_ Gait: \_\_\_\_\_

\_\_\_\_\_ Neurological: \_\_\_\_\_

Lymph Nodes: \_\_\_\_\_ Urogenital: \_\_\_\_\_ Tanner: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Skin: \_\_\_\_\_

Heart: \_\_\_\_\_ Speech: \_\_\_\_\_

Lungs: \_\_\_\_\_ General Condition: \_\_\_\_\_

Abdomen: \_\_\_\_\_

### RECOMMENDATIONS:

Corrective/Protective Lenses/Goggles required: \_\_\_\_\_ Distance only \_\_\_\_\_

Mouth guard for contact sports (orthodonture or caps): \_\_\_\_\_

Knee/Ankle/Wrist support: \_\_\_\_\_

Rest if back/limb pain occurs: \_\_\_\_\_

Protective Helmet/Flank guard/Athletic cup: \_\_\_\_\_

LIST ALL PRESCRIBED MEDICATIONS: \_\_\_\_\_

REFERRALS/COMMENTS/FOLLOW-UP: \_\_\_\_\_

APPROVED FOR PHYSICAL EDUCATION? YES: \_\_\_\_\_ NO: \_\_\_\_\_

LIMITATIONS: \_\_\_\_\_

REQUIRED

SIGNATURE AND STAMP OF EXAMINING PHYSICIAN

DATE OF EXAM \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
ADDRESS  
2017-12-12

Student Health Appraisal  
Supplement for Body Mass Index and Weight Status Reporting

This supplement should be completed and attached to student health appraisals for students in Kindergarten, 2nd , 4 th, 7th or 10th grade. This information is required under New York State Education Law (Section 903) by the beginning of the 2008 academic school year.

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                                First                                Last  mm                                dd                                yyyy

Gender:                     Male                     Female

Grade (Check One):  Kindergarten     2             4             7             10

Date of Measurement: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  mm    dd            yyyy

Body Mass Index (BMI): \_\_\_\_\_ ▪ \_\_\_\_\_

Weight Status Category (Based on BMI percentiles for age and gender):  
(Check ONE)

- Less than 5th
- 5 th through 49th
- 50th through 84th
- 85th through 94th
- 95th through 98th
- 99th and higher

Specify current diseases (Check ALL that apply):

- Asthma
- Diabetes, Type 1
- Diabetes, Type 2
- Hyperlipidemia (High Cholesterol or Triglycerides)
- Hypertension (High Blood Pressure)