

# Oakwood Christian School

## Health Appraisal Form

NYSED requires an annual physical for new students, students in Grades K4, K, 2, 4, 7 & 10

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender M F Grade \_\_\_\_\_ Date of Exam \_\_\_\_\_

### Physical Exam

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Does the Child/Adolescent have a past or present medical history of the following?

\_\_\_ Asthma - \_\_\_ Intermittent \_\_\_ Mile \_\_\_ Moderate \_\_\_ Severe  
\_\_\_ Attention Deficit Hyperactivity Disorder \_\_\_ Chronic or recurrent otitis Media  
\_\_\_ Congenital or acquired Heart Disorder \_\_\_ Developmental/learning problem  
\_\_\_ Orthopedic injury/disability \_\_\_ Seizure Disorder  
\_\_\_ Speech, Hearing, or Visual Impairment \_\_\_ Diabetes: \_\_\_ type 1 \_\_\_ type 2

Allergies- **LIFE THREATENING:** Food \_\_\_\_\_ Insect \_\_\_\_\_ Other \_\_\_\_\_  
Seasonal: \_\_\_\_\_ Medication \_\_\_\_\_

**Hearing:** \_\_\_ Pure Tone Audiometry \_\_\_ Normal \_\_\_ Vision- Acuity: Right \_\_\_/\_\_\_  
\_\_\_ OAE \_\_\_ Abnormal Left \_\_\_/\_\_\_  
Strabismus \_\_\_no \_\_\_yes

**Auditory Screening:** Type: \_\_\_\_\_  
Right: \_\_\_ Pass \_\_\_ Fail Left: \_\_\_ Pass \_\_\_ Fail

### **Tuberculosis**

PPD/Mantoux placed \_\_\_\_\_ Induration \_\_\_\_\_ mm  
PPD/Mantoux Read \_\_\_\_\_ \_\_\_ Neg \_\_\_ Pos

Interferon Test date \_\_\_\_\_ \_\_\_ Neg \_\_\_ Pos

Chest x-ray date \_\_\_\_\_ \_\_\_ NI \_\_\_ Not indicated \_\_\_ Abnormal  
(if PPD or Interferon positive)

### **General Appearance:**

HEENT \_\_\_ Nor \_\_\_ Abnl Lymph Nodes \_\_\_ Nor \_\_\_ Abnl Abdomen \_\_\_ Nor \_\_\_ Abnl  
Dental \_\_\_ Nor \_\_\_ Abnl Lungs \_\_\_ Nor \_\_\_ Abnl Skin \_\_\_ Nor \_\_\_ Abnl  
Neck \_\_\_ Nor \_\_\_ Abnl Cardiovascular \_\_\_ Nor \_\_\_ Abnl Extremities \_\_\_ Nor \_\_\_ Abnl  
Genitourinary \_\_\_ Nor \_\_\_ Abnl Neurological \_\_\_ Nor \_\_\_ Abnl Back/Spine \_\_\_ Nor \_\_\_ Abnl  
Language \_\_\_ Nor \_\_\_ Abnl Behavioral \_\_\_ Nor \_\_\_ Abnl Psychosocial Dev \_\_\_ Nor \_\_\_ Abnl

### **Physical Education/Sports:** Check one

\_\_\_ Free from contagions and physically qualified for all physical education, sports,  
playground, and school activities

\_\_\_ Specify medical accommodations needed for school \_\_\_\_\_

\_\_\_ Known or suspected disability \_\_\_\_\_

\_\_\_ Restrictions \_\_\_\_\_

