Brentwood Union Free School District

MYSED requires an annual physical exam for new entrants, students in Grades Pre-K, K. 2. 4. 7 and 10. sports, working permits and trie-unially for the Committee on Special Education (CSE).

HEALTH APPRAISAL FORM

Name:		Date of	of Birth:			0.0000	
School:	Gender:			1 4 6		ed Annual Mari	
	IMMUNIZAT	IONS / HEALTH HI	The Park of the Control of the Contr	No. of the second			
Immunization record attached No immunizations given today		Sickle Cell Screen: PPD:	☐ Positive	□Negative	e 🗆 Not do	ne Date:	
☐ Immunizations given today ☐ Immunizations given since last Health Appraisal:		Elevated Lead:	☐ Yes	☐ No	e LJ Not do	Not done Date:	
		Dental Referral	☐ Yes	☐ No	☐ Not do	ne Date: _	
Significant Medical/Surgical History:	See attached						
Specify current diseases:	sthma Diabete	s: □Type1 □Type	2 [J Hyperlipi	demia	ו ס	-!ypertens
Allergies: Clife THREATENING F	ood:	☐ Insect:		CI OII	- Walliam Carlo		mark Serve
				_ 501	ner:		~
		YSICAL EXAM					17 (2) (3)
Height: Weight:		Blood Pressure:			ate of Exam		1607-091.1403-1-201
Body Mass Index:		Vision - without glas	ses/contact le				Refer
				R		L	5
Veight Status Category (BMI Percentile):		Vision - with glasses	contact lense	es R		L	
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3 85 th through 94 th 95 th through 98 th	☐ 99 th and higher	Hearing Pass 20	db sc both ea	ars or: R		L	
Specify any abnormality (use reverse of form if r	needed):	-					
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