

GLEN COVE CITY SCHOOL DISTRICT HEALTH FORM



Required for all students in grades Pre-K, K, 2, 4, 7, 10 and all new entrants. Failure to return this form will result in the school physician examining your child.

Health History: to be completed by parent/guardian every year:

Name _____ Grade _____
Address _____
Date of birth _____ age _____ sex _____
Mother(or guardian) _____
Phone/home _____ work _____ cell _____
Father(or guardian) _____
Phone/home _____ work _____ cell _____
Physician to be called in an emergency:
Name _____ phone _____

Chicken pox _____ Pneumonia _____
Mononucleosis _____ Strep/scarlet fever _____
Asthma _____ Medication _____
Diabetes _____ Medication _____
Congenital defect _____
Seizure disorder _____
Serious injuries _____
Surgery in past _____
Other medical problems _____
Other routine medications _____

Person other than parent to be called in an emergency:

Name _____ Relationship _____ phone/home _____ work _____ cell _____
Name _____ Relationship _____ phone/home _____ work _____ cell _____

This section to be completed by licensed physician:

____ Sports Physical ____ School Physical Only
Grades 7-12 **Must Complete for Sports Physical*
*Urinalysis _____ *Pulses _____
Protein _____ Resting Pulse _____
Blood _____ Rate after exercise _____
Glucose _____ (25 hops on 1 foot)
Rate after 1 min. rest _____

*Blood pressure _____

*Vision Rt.20/ _____ Lt.20/ _____
w/glasses/contacts Rt.20/ _____ Lt.20/ _____

Severe myopia (20/200) or more in either eye requires ophthalmological clearance for contact sports.

*Height _____ *Weight _____
Eyes _____ Ears _____
Nose _____ Throat _____
Thyroid _____ Lymph nodes _____
Tonsils _____ Dental _____
Heart _____ Lungs _____
Neuro _____ Tanner staging _____
Hernia _____ Genitourinary _____
Ortho _____ Scoliosis _____
Feet _____ Extremities _____
Skin _____ Other _____

Recommendations: _____

Student may participate in all school activities/
sports without restrictions _____

Student may participate in all school activities/
sports except _____

Student may not participate in sports _____

Immunization Record:

DPT#1 _____ Polio#1 _____
DPT#2 _____ Polio#2 _____
DPT#3 _____ Polio#3 _____
DPT#4 _____ Polio#4 _____
DPT#5 _____ Hep B#1 _____
DT _____ Hep B#2 _____
MMR#1 _____ Hep B#3 _____
MMR#2 _____ Varicella _____
Hib#1 _____ Prevnar#1 _____
Hib#2 _____ Prevnar#2 _____
Hib#3 _____ Prevnar#3 _____
Hib#4 _____ Other _____
Lead level _____ Result _____
Tb _____ Result _____
Chest X-ray _____ Result _____

Are there any problems relating to growth, development, or the nutrition of this student that the teachers should be made aware of: _____

Does this student need medical care during school activities/PE: _____

Does this student need: OT _____
speech therapy _____, PT _____

Date of Exam _____

Physician's Signature _____

Name printed _____

Address _____

Phone# _____