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

Andes Central School	Na	ime:							
Grade:	Da	te of Birth:					Gender:	Пм	٦F
		IONS / HEALTH H							
 Immunization record attached No immunizations given today Immunizations given since last Health Appraisal: 		Sickle Cell Screen PPD: Elevated Lead: Dental Referral			ative	Not do Not do	one Date: _ one Date: _ ne Date: _ ne Date: _		
Significant Medical/Surgical Hist	ory: 🛛 See attached								
Allergies: 🗍 NKA	D Food:								
LIFE THREATENING Seasonal		□ Insect: □ Other:							
	Pł	IYSICAL EXAM							
Height: Weight:		Blood Pressure: Date				te of Exam:			
Body Mass Index:		Vision - without glas	sses/contact le	enses	R		L	Here	nai
Weight Status Category (BMI Percentile):		Vision - with glasses/contact lenses			R				
$\Box \text{ less than 5}^{\text{th}} \qquad \Box 5^{\text{th}} \text{ through } 49^{\text{th}} \qquad \Box 50^{\text{th}} \text{ through } 84^{\text{th}}$		Vision - Near Point			R	L L			
\square 85 th through 94 th \square 95 th through	□ 85 th through 94 th □ 95 th through 98 th □ 99 th and higher			Hearing Deass 20 db sc both ears or:			L		
		NEDICATIONS							
Medications (list all):		MEDICATIONS s listed on reverse of for	orm						
Medications (list all):	☐ Additional medication	s listed on reverse of f							
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This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 2/08