

Memo from the Nurse

Mandated Physicals

New York State schools are mandated by the Commissioner of Education to require each student enrolled in a public school to have a satisfactory health examination conducted by the student's family physician, physician's assistant or nurse practitioner upon the student's entrance into Pre-Kindergarten or Kindergarten and grades 2, 4, 7, and 10.

If your child will be entering a mandated grade in the fall, you are required to provide the district with a copy of a physical exam within 30 days of the start of the school year 2017- 18. This physical cannot be any more than 12 months old. If your child plans to play a sport, this exam will serve as a sport's physical too. Attached is a copy of the physical exam form to be completed by the student's family physician, physician's assistant or nurse practitioner.

Your child's physical can be faxed to the school, attention Nurse, at 315-543-2360 or mailed to my attention, School Nurse, at the Harrisville Central School, 14371 Pirate Lane, Harrisville, NY 13648.

Thank you for your prompt attention this this matter. If you have any questions or concerns, please contact me at 315-543-2592 or email kavallone@hcsk12.org.

Kelly Avallone,

RN School Nurse

Harrisville Central School

Fax (315) 543-2360

Athlete and Grade - Mandatory Physical Exam Form

Patient Name: _____ D.O.B. _____

Vital Signs: Ht: _____ Wt: _____ BP: _____ P: _____ R: _____ T: _____ BMI: _____

Visual Acuity: OD: 20/____ OS: 20/____ OU: 20/____ Correction: Yes/No Pupils: Equal/ Unequal

Hearing: Whisper test at 5ft: _____/5 Right; _____/5 Left Audioscope - see chart

	Normal	Abnormal	Comments
Medical			
Appearance			
HEENT			
Lymph Nodes			
Respiratory			
Cardiovascular			
Abdomen			
Male Genitalia			
Skin			

Musculoskeletal

Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/Thigh			
Knee			
Leg/ankle			
Foot			

Grade Mandatory Only

Dental			
Tanner Stage			
Nutritional Status			
Scoliosis Evaluation			
Speech			

Assessment: _____

For Sport's Physical Only

- Cleared
- Cleared after completing evaluation / rehabilitation for: _____
- Not cleared for: _____ Reason: _____
- Have Albuterol MDI available during sports
- Have Epi Pen available during sports

Additional Comments: None/ _____

Name of Provider: _____

Provider's Signature: _____ Date: _____