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|--|--------------------------|--|--|--|
| Name: | | | DOB: | |
| SCREENINGS | | | | |
| Vision | Right | Left | Referral | Notes |
| Distance Acuity | 20/ | 20/ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Distance Acuity With Lenses | 20/ | 20/ | | |
| Vision – Near Vision | 20/ | 20/ | | |
| Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | | |
| Hearing | Right dB | Left dB | Referral | |
| Pure Tone Screening | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Scoliosis Required for boys grade 9 And girls grades 5 & 7 | Negative | Positive | Referral | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Deviation Degree: | | Trunk Rotation Angle: | | |
| Recommendations: | | | | |
| RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK | | | | |
| <input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling <input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field <input type="checkbox"/> Other Restrictions: | | | | |
| <input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V | | | | |
| <input type="checkbox"/> Accommodations: Use additional space below to explain <input type="checkbox"/> Brace*/Orthotic <input type="checkbox"/> Colostomy Appliance* <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Insulin Pump/Insulin Sensor* <input type="checkbox"/> Medical/Prosthetic Device* <input type="checkbox"/> Pacemaker/Defibrillator* <input type="checkbox"/> Protective Equipment <input type="checkbox"/> Sport Safety Goggles <input type="checkbox"/> Other: | | | | |
| *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions. | | | | |
| Explain: _____ | | | | |
| MEDICATIONS | | | | |
| <input type="checkbox"/> Order Form for Medication(s) Needed at School attached | | | | |
| List medications taken at home: | | | | |
| IMMUNIZATIONS | | | | |
| <input type="checkbox"/> Record Attached | | <input type="checkbox"/> Reported in NYSIS | | Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HEALTH CARE PROVIDER | | | | |
| Medical Provider Signature: | | | Date: | |
| Provider Name: <i>(please print)</i> | | | Stamp: | |
| Provider Address: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| Please Return This Form To Your Child's School When Entirely Completed. | | | | |