

# Mohonasen District Health Physical ~ Grade 6 - 12

Mohonasen Central School District requires a health certificate be furnished by each student upon entrance into the district (including kindergarten) and in grades 2,4,7,10. The school physician will examine all students not presenting the grade required physical during the school year.

Name \_\_\_\_\_ Age \_\_\_ Gr. \_\_\_ Ht. \_\_\_ Wt. \_\_\_ B/P \_\_\_\_\_ \*BMI \_\_\_\_\_

\*Wt. Status Category:  ↓5%  5%-49%  50%-84%  85%-94%  95%-98%  99% -↑

**History:** Write YES or NO if you have a history of the following:

___ Head or Spinal Injury	___ Neurological Disease	___ Diabetes	
___ Seizures	___ Muscular Disease	___ Asthma	Allergies _____
___ Cardiac Disease	___ Kidney Disease	___ Physical Defect	Other _____

**Exam:**

Ears _____	Lymph nodes _____	Heart _____	Teeth _____
Eyes _____	Nervous System _____	Skin _____	Lungs _____
Nose _____	Genito-Urinary _____	Orthopedic _____	Thyroid _____
Tonsils _____	Hernia _____	Nutrition _____	

Tanner score \_\_\_\_\_ For sport participation, Tanner score needs to be filled in for students in grades 6-8

**Scoliosis** Neg \_\_\_ Pos \_\_\_ Referral to: \_\_\_\_\_

**Vision** Far Rt. 20/\_\_\_\_ Lft. 20/\_\_\_\_ With correction Yes \_\_\_ No \_\_\_  
 Near Rt. 20/\_\_\_\_ Lft. 20/\_\_\_\_ With correction Yes \_\_\_ No \_\_\_

**Hearing** Sweep test at \_\_\_\_\_ db Rt. Pass \_\_\_ Fail \_\_\_ Lt. Pass \_\_\_ Fail \_\_\_

Immunizations given today: \_\_\_\_\_

**This student is physically qualified to participate in all physical education, intramurals and the following interscholastic sports without restriction: Yes \_\_\_\_\_ NO \_\_\_\_\_\***

<b>Contact Collision Sports</b> _____	<b>Limited Contact Impact Sports</b> _____	<b>Strenuous Non-Contact</b> _____	<b>Non-Strenuous Non-contact</b> _____
Football – Field Hockey – Lacross Wrestling – Soccer – Ice Hockey	Baseball – Basketball – Diving Gymnastics – Handball – Skiing Softball	Cross Country - Track and Field Tennis - Cheerleading Swimming - Volleyball	Bowling- Golf

\*If no, reason for disqualification: \_\_\_\_\_

\*Physician's Signature: \_\_\_\_\_ Date of exam \_\_\_\_\_

\* All physicals by RPA need to be co-signed by MD in charge

\*\*\*\*\*Please print or stamp physician's name, address and phone below\*\*\*\*\*

School Physician's Signature ONLY \_\_\_\_\_