REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSEO requrres a physical exam for new entrants and students In Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for Interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE). STUDENT INFORMATION

Name: Affirmed Name (If applicable): rooB:

i ··-- Sex Assigned at Birth: %¡� Female %¡� Male Gender Identity: %¡�F�e�m�a�l�e� %¡� Male %¡� Nonbinary %¡� X
School: IGrade: iExamDate:
I I
HEALTH HISTORY

Name: Affirmed Name (lfapp!lcable): DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening j_ With Correction %¡�Y�e�s� D No : Right ' Left j Referral l

I Not Done

· - - - DlstanceAculty I 20/ I 20/ i %¡� Yes l D NearVlslonAculty !__20/ ! 20/ ___L__g_Ve~·---------1 l %¡� ! ColorPerceptionScreening %¡� Pass %¡� Fall I D

Notes ---·-·-·----------------------·--··---··--··-- -·-·····--·-----·--··---·----------r-·-··-----. Hearing Screening: Passl.ng Indicate.s studen_t can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Not Done

Hz; for grades 7 & 11 also test at 6000 & 8000 Hz. . . ________ __ _-·-