



Central Baptist Christian Academy

1606 State Route 12, Binghamton, NY 13901

607-648-6210

NYSED requires an annual physical exam for new entrants, students in Grades PK, K, 1, 3, 5, 7, 9 & 11, and sports.

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of birth: _____

School: *Central Baptist Christian Academy* Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

- Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:
- Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral: Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: **LIFE THREATENING** Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ - _____

Weight Status Category (BMI Percentile):

less than 5th 5th through 49th 50th through 84th
 85th through 94th 95th through 98th 99th and higher

EXAM ENTIRELY NORMAL

Specify any abnormality (use reverse of form if needed):

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

PHYSICAL EDUCATION / SPORTS

- Physically qualified to play basketball, soccer, volleyball or to cheerlead.
- May play sports, with the following restrictions: _____
- Other: _____

Physician's Signature _____ Date _____