MEMO TO PARENT OR GUARDIAN RE: ANNUAL PHYSICAL EXAMINATION

The New York State Education Law requires every child attending Public School in Grades K*, 2, 4, 7 and 10 and all new entrants to have a physical examination. In most cases the best time for the physical examination is during the summer, so that time will be available for any necessary treatment. Please have the Private Physician Report form below completed and returned to the school nurse on or before **October 1.** * all children attending nursery school must have a physical upon registration for nursery school.

LEVITTOWN PUBLIC SCHOOLS – HEALTH SERVICES
STUDENT ANNUAL HEALTH EXAMINATION – PRIVATE PHYSICIANS REPORT
(To be completed and returned to school nurse before **October 1**)

Name: _____ Grade: ____ Teacher: _____ School: _____

Body Mass Index _____

Weight Status Category (BMI Percentile)
☐ Less than 5th ☐ 5th through 49th ☐ 50th through 85th
☐ 85th through 94th ☐ 95th through 98th ☐ 99th and higher

Height: _____

Weight: _____

Ears (Otoscopic): _____

Nose: _____

Eyes: R _____L _____ Both _____ Teeth and gums: _____ Tonsils: _____

Glands: _____ Thyroid: _____ B.P _____
(Children over 12)

Heart: _____ Lungs: _____ G.U. _____

Hernia: _____ Skin: _____ Nutrition: _____

Allergy: _____ Epilepsy: _____ Posture: _____

Structural Defect: _____ Feet: _____ Nervous System: _____

Does student need medication on a regular basis? No _____ Yes _____
(Be Specific)

May student participate in Physical Education Activities? Yes _____ No _____
(Be Specific)

Preventative Measures and Tests (Past Year) _____

Remarks: _____

_____
PHYSICIAN'S SIGNATURE STAMP

DATE _____

Revised 3/2008