

**Endorsed by the Nassau Pediatrics Society
STUDENT AND CAMPER HEALTH FORM
TO BE COMPLETED BY THE PHYSICIAN**

Name of Student	Birth Date	Sex	School/Camp
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Date of examination: _____ (**Valid for 365 days, NYS Law*)

Allergies:

Medications:

Screens:

Vision () Without glasses () With glasses R _____ L _____

Hearing Normal _____ Abnormal _____

Exam:

Height _____ Weight _____ Pulse _____ BP _____

	√ = normal	Abnormal - Explain
Skin		
Eyes		
ENT		
Lymph nodes/Thyroid		
Teeth and gums		
Heart		
Chest and lungs		
Abdomen		
Genitalia/hernia		
Tanner Stage	I. II. III. IV. V	
Scoliosis Screen		
Musculoskeletal		
Neurological/Cognitive		

Immunization Update (*see attached*)

Assessment (*please circle*)

- a) This student/camper may participate in all school activities and sports
- b) This student/camper should have the following health problem evaluated or treated before participation:

- c) Put a line through activities not permitted:

<i>Contact/Collision</i>	<i>Limited Contact</i>	<i>Non-contact</i>	<i>Other Recommendations</i>
Football, Ice hockey, Lacrosse-boys, Rugby, Wrestling	Badminton, Baseball, Basketball, Cheerleading, Field hockey, Gymnastics, Lacrosse- girls, Skiing, Soccer, Softball, Volleyball	Crew, Cross-country, Fencing, Golf, Swimming, Tennis, Track and Field, Water polo	

Stamp:

Health Care Provider Signature

Tel No.:

