

LA SALLE INSTITUTE - TROY, NEW YORK

HEALTH CERTIFICATE

Annual School Physicals are required for each student attending La Salle Institute

Name _____ Date of Birth _____ Grade _____

Screening Tests: BP _____
Height: _____ Weight: _____ BMI: _____ Weight Status Category _____
Vision: OD _____ OS _____ Corrected/Uncorrected
Hearing: Right _____ Left _____

Allergies: Food _____ Medication _____ Bee Sting _____ Other _____
Any medications/treatments/medical changes within the last 12 months: _____

Physical Examinations: Eyes _____ Lymph Nodes _____ Nose _____ Teeth _____ Lungs _____ Genito Urinary _____ Skin (non-common) _____ Speech _____ Orthopedic:Structural _____ Scoliosis Screening: Neg. _____ Pos. _____ Development _____
Ears (Otosopic) _____ Thyroid _____ Tonsils _____ Heart _____ Hernia _____ Nervous System _____ Epilepsy _____ Nutrition _____ Posture _____ Feet _____ Behavior _____

SPORTS
Physical Limitation _____
Any restrictions to full participation in physical education: _____

Chronic Conditions: Asthma _____ Diabetes: Type 1 _____ Type 2 _____
Hyperlipidemia _____ Hypertension _____
Other _____

Medications Prescribed: _____
Referrals or Special Concerns: _____

Immunization Record: PLEASE ATTACH A COPY
Immunizations given today _____
Chicken Pox: Disease _____ Vaccine _____
TB Testing Date _____ Results: Neg. _____ Pos. _____ Chest X-Ray _____
Physician's Signature _____ Date of Exam _____
Physician's Name (please print) _____

For FALL Sports - Physical is due by AUG. 1st - A STUDENT WILL NOT BE ALLOWED TO PRACTICE WITHOUT A PHYSICAL ON FILE. ALL OTHER PHYSICALS ARE DUE BY OCTOBER 1ST

RETURN COMPLETED FORM TO SCHOOL NURSE:
La Salle Institute, 174 Williams Road, Troy, NY 12189 Fax: 518-283-6265