

**Student Health Form
Harborfields Central School District**

Check ONE: Annual Physical only _____
Pre-Sport Physical _____ Sport Team _____

(Name) _____ **(DOB)** _____ **(Grade)** _____

Date of Examination _____

Positive Physicians Findings: _____

Recommendations and/or Exceptions: _____

Immunizations:

DTP initial series _____

Height _____

Tdap Booster (Boostrix) _____

Weight _____

MMR 1. _____ 2. _____

Blood Pressure _____

Varicella _____

Pulse _____

Polio _____

HgB _____

HIB _____

Scoliosis Test _____

Hepatitis B 1. _____ 2. _____ 3. _____

Vision Test _____

Pnuemococcal vaccine _____

Auditory Screen _____

Hepatitis A 1. _____ 2. _____

Urinalysis for Protein: _____

PPD Test Latest & Results _____

Allergies _____

Meningoccal Vaccine _____

Food Allergies _____

All Bolded Italics are Mandatory Fields

Body Mass Index: _____

The above named student is physically qualified to participate in the following categories of competition during the school year.

Contact or Collision Sports

Yes No

Endurance Activities

Yes No

Other

Yes No

Football, Baseball
Basketball, Soccer
Hockey, Wrestling
Lacrosse, Softball

Gymnastics, Track
Swimming, Tennis
Cross Country
Volleyball

Bowling
Golf
Field Events
Cheerleading

Reason for Disqualification:

Date: _____ Signed: _____ M.D
(Required)

Physician Stamp Required