



Bethlehem Central High School
 700 Delaware Ave.
 Delmar, NY 12054
 (518) 439-4921

Bethlehem Central Middle School
 332 Kenwood Ave.
 Delmar, NY 12054
 (518) 439-7460

FOR: Grades 7 and 10 Physical
 Entering Students
 Interscholastic Sports
 Working Certificate

PHYSICAL APPRAISAL REPORT
 (Required **BEFORE** students enters grades 7 and 10)

SPORT: _____

Student Name _____ Grade _____ Homeroom _____ Gender: M or F

Address _____ Date of Birth _____

HEALTH HISTORY

To be completed by physician. Physicians please answer YES or NO. Use reverse side to explain YES answers.

Heart Disease _____ Hernia _____ Fracture _____
 Kidney Disease _____ Bleeding Disorder _____ Dislocation _____
 Lung Disease _____ Allergy _____ Operation _____
 Congenital Defects _____ Please list all **over the counter** and **prescription medications**, including dose and frequency: _____

PHYSICAL

Immunizations during past year (list type and date given) _____

Height _____	Body Mass Index _____
Weight _____	<u>Weight Status Category (BMI Percentile)</u>
Eyes (R) _____ (L) _____	<input type="checkbox"/> Less than 5th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th
Ears (R) _____ (L) _____	<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher
Blood Pressure _____	Nervous System (specify if Epilepsy) _____
Pulse _____	Skin _____
Teeth _____	Body Habitus _____
Gums _____	Abdomen _____
Tonsils _____	Orthopedic:
Glands:	Structural Defect _____
Cervical _____	Scoliosis (See Reverse If Positive) _____
Thyroid _____	Feet _____
Other (Specify) _____	Lungs _____
Cardiac:	Speech _____
Upright _____	Hernia _____
Supine _____	Tanner:
Femoral Pulses _____	Male/Female 1 2 3 4 5
	Female – Onset Menstruation _____

This certifies that the above named student is physically qualified to participate in the following categories of competition during the school year 20____ – 20 _____

Check the boxes for the category in which an athlete may qualify:

- | | | |
|---|--|--|
| <input type="checkbox"/> Contact or Collision Sports
Football/Baseball/Basketball
Soccer/Field Hockey/Ice Hockey/Diving
Wrestling/Lacrosse/Softball
Volleyball/Cheerleading/Gymnastics | <input type="checkbox"/> Endurance Activities
Swimming/Tennis
Cross Country/Track and Field | <input type="checkbox"/> Others
Bowling/Golf |
|---|--|--|

Reason For Disqualification: _____

Date of Physical: _____ Examiner's Signature: _____

Physician's Stamp

