

PHYSICAL DEVELOPMENT AND HEALTH INFORMATION REQUEST

Plattsburgh City School District

STUDENT NAME:

D.O.B.: GRADE: SCHOOL:

Please fill out this form to help assist us in determining an appropriate educational placement for the above named student. Additional comments are welcome!

1. In reviewing the child's medical history, is there any physical factor which may place this child at risk for school problems? Explain.

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2. Are there any developmental factors which may place this child at risk for school problems?

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3. List chronic diseases, health problems or allergies.

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4. List any restrictions or precautions.

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5. Current health status: Date:
Height: % Weight: %
Vision: Left eye Right eye Corrective Lenses: Y N
Hearing: Left ear Right ear
Scoliosis Screen:

6. Date of last physical exam: By:

List any health problems identified at examination:

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7. List any current medications and treatments:

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8. Family doctor:

9. Other:

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Person completing form:

Date: