**Germantown Municipal Schools COORDINATED SCHOOL HEALTH STUDENT HEALTH SCREENING FORM**

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: (Male or Female)

|  |  |
| --- | --- |
| **Height**: \_\_\_\_\_\_\_\_\_ in. **Weight**: \_\_\_\_\_\_\_\_\_ lbs. **Body Mass Index**: \_\_\_\_\_\_\_\_\_  | Percentile: \_\_\_\_\_\_\_\_\_  |
|  **Blood Pressure**: Systolic \_\_\_\_\_\_\_\_\_ Diastolic \_\_\_\_\_\_\_\_\_   |  |
| **Vision**: (pass or fail)  | **Hearing**: (pass or fail)  |  |
|  Right Left   |  Right  | Left  |
| Near \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_   | 1000 Hz \_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_  |
| Far \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_   | 2000 Hz \_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_  |
| Glasses / Contacts (circle only if wearing)  | 4000 Hz \_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_  |



 **RESCREEN INFORMATION**

|  |  |
| --- | --- |
| **Blood Pressure**: Systolic \_\_\_\_\_\_\_\_\_ Diastolic \_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_  |
|  Systolic \_\_\_\_\_\_\_\_\_ Diastolic \_\_\_\_\_\_\_\_\_  | Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_  |
|  |  |  |
| **Vision**: (pass or fail)  |   |  | **Hearing**: (pass or fail)  |  |
|  Right Left   |   |   |  Right  | Left  |
| Near \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_   |   |   | 1000 Hz \_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_  |
| Far \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_   |   |   | 2000 Hz \_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_  |
| Glasses / Contacts (circle only if wearing)   |   |   | 4000 Hz \_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_  |
| Date\_\_\_\_\_\_\_\_\_  |   |   | Date\_\_\_\_\_\_\_\_\_  |  |
| FINAL SCREENING RESULTS:  |
| TYPE OF SCREENING  | WITHIN NORMAL RANGE  | PHYSICIAN REFERRAL RECOMMENDED  |
| BODY MASS INDEX  |   |   |
| BLOOD PRESSURE  |   |   |
| VISION  |   |   |
| HEARING  |   |   |
| SCOLIOSIS (6TH GRADE ONLY)  |   |   |