



Health Services Department
Health Screening Result Form

Place label here containing:
Full Name
Date of Birth, Male or Female
Teacher and Grade

Date of Screening: \_\_\_\_\_

Dear Parent/Guardian,

The below screening results are not a diagnosis. It is recommended that you discuss your child's results with his/her health care provider. Call your school nurse if you have any questions or need assistance finding a health care provider.

BMI Screening (Grades Screened 1, 3, and 6)

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs. BMI: \_\_\_\_\_ BMI Percentage: \_\_\_\_\_ %

- Underweight: Less than the 5th percentile
Possible Future Health Risk: 85th to 94th percentile
Healthier Range: 5th to 84th percentile
Increased Future Health Risk: 95th percentile or higher

VISION Screening (Grades Screened K, 1, 3, and 6)

Right Eye: 20/\_\_\_\_ Left Eye: 20/\_\_\_\_

Wearing Glasses/Contacts Glasses/Contacts not available for screening Broken/Lost

Vision Screening with SPOT Vision Device: PASS Right PASS Left Referred

Vision Rescreened (If Needed) Date: \_\_\_\_\_ Right Eye: 20/\_\_\_\_ Left Eye: 20/\_\_\_\_

Wearing Glasses/Contacts Glasses/Contacts not available for screening Broken/Lost

HEARING Screening (Grades Screened K, 1, and 6)

\*Rescreen in 2 weeks for any referred result

Hearing Screening

Table with 4 columns: Frequency (1000Hz, 2000Hz, 4000Hz) and Rows: Left, Right

Hearing Rescreened

Date: \_\_\_\_\_

Table with 4 columns: Frequency (1000Hz, 2000Hz, 4000Hz) and Rows: Left, Right

P = Pass: Left and right ear screened at 25-30 decibels at 1000, 2000 and 4000 Hz levels.

R = Referred: Missing any Hz range for either ear or at any Hz level

Hearing Screening with CORTI Device: PASS Left PASS Right Rescreen in two weeks

Rescreening Date: \_\_\_\_\_

Hearing Rescreening with CORTI Device: PASS Left PASS Right Referred

SCOLIOSIS Screening (Grades Screened 6) Normal Questionable

Scoliosis Rescreened (if needed) Date: \_\_\_\_\_ Normal Questionable