



**Health Services Division
Screening Tracking Form**

School: _____ Year: _____

RC = Referral Completed: Student received care with healthcare provider who determined they needed care or were within normal range.

SCREENING Failed: V = Vision (example: V R 20/20 L50/20), H = Hearing (example: L 2000) and S = Scoliosis (example: Q) for questionable result

IR = Incomplete Referral: Parent/Guardian refused treatment or student withdrew from school.

RC	Student Name / DOB	Grade	Screening Failed/Results	Rescreen Date	Rescreen Results	1 ST Attempt Parent/Guardian Referred	2 ND -- Screening Form Sent Home	3 RD -- Phone Call to Determine if Student Received Care	IR
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