

**CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM
COORDINATED SCHOOL HEALTH/HEALTH SERVICES
STUDENT HEALTH SCREENINGS**

DATE: _____

SCHOOL: _____

Last Name	First Name	MI	Date of Birth	Age	♂ Male ♀ Female
Wears glasses or contacts: ♂ Yes ♀ No		Wears Hearing Aids: ♂ Yes ♀ No		Homeroom Teacher	Grade

METHOD	VISION RIGHT EYE	VISION LEFT EYE
	20/	20/
TESTED WITH CORRECTIVE LENSES? Y N		

VISION RESCREEN

METHOD/ DATE	VISION- RIGHT	VISION- LEFT	WITH GLASSES?
	20/	20/	
	20/	20/	

HEARING RESCREEN Date _____

HEARING-RIGHT		HEARING-LEFT	
4000 Hz:	dB	4000 Hz:	dB
2000 Hz:	dB	2000 Hz:	dB
1000 Hz:	dB	1000 Hz:	dB

HEARING-RIGHT		HEARING-LEFT	
4000 Hz:	dB	4000 Hz:	dB
2000 Hz:	dB	2000 Hz:	dB
1000 Hz:	dB	1000 Hz:	dB

BLOOD PRESSURE
/

BLOOD PRESSURE RESCREEN

DATE	TIME	Blood Pressure

HEIGHT	WEIGHT	BMI	%'ile
in	lb		
NORMAL RANGE BMI			
AT RISK FOR OVERWEIGHT			

Screening is NOT diagnostic and should not be considered the equivalent of a medical examination. Your child should have well check-ups with his/her pediatrician and dentist as he/she deems necessary.

SCREENING RESULTS		
	PASS	REFER
VISION		
HEARING		
DENTAL		
SCOLIOSIS		
BLOOD PRESSURE		
BMI		

COMMENTS