**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) | |  | |  | | |