

**Germantown Municipal School District**

**HEALTH SCREENING DATA SHEET**

|  |  |  |  |
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| **TYPE OF SCREENING** | **GRADE LEVELS**  **(i.e.., PRE-K, K,2,4)** | **NUMBER OF STUDENTS SCREENED** | **NUMBER OF REFERRALS** |
| Vision |  |  |  |
| Hearing |  |  |  |
| Blood Pressure (BP) |  |  |  |
| Body Mass Index  (H & W) |  |  |  |
| Dental (Optional) |  |  |  |
| Scoliosis (6th grade only) (Optional) |  |  |  |

Person completing Data and Compliance form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Person completing Data and Compliance form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature