**Parental Notification Form**

**School Health Screening Results**

**GERMANTOWN MUNICIPAL SCHOOLS**

**COORDINATED SCHOOL HEALTH**

6685. Poplar Ave. Suite 202

Germantown, TN 38138

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian:

Your child recently participated in a vision, hearing, height, weight, blood pressure and pulse screening mandated by the State of Tennessee. These screening assessments are effective in revealing common vision and hearing deficiencies, developmental trends, and other critical issues related to child health. School health screenings are not intended and do not substitute for a professional examination.

 **YOUR CHILD SCREENED WITH IN NORMAL LIMITS FOR THE FOLLOWING:**

☐ Vision ☐ Color blind ☐ Hearing ☐ Blood Pressure ☐ BMI (Ht. & Wt.)

**WE HAVE ISSUED PHYSICIAN REFERRAL FOR:**

☐ Vision ☐ Color blind ☐ Hearing ☐ Blood Pressure ☐ BMI (Ht. & Wt.)

If a referral has been issued and your child is not currently under the care of a physician for the designated area(s), we strongly encourage you to make an appointment for a complete examination. Our goal is to educate your children and assist in removing as many barriers to their success as possible. Please feel free to contact the Office of Coordinated School Health with any questions or concerns.

Brian Fisher, Ed.S

School Health Coordinator

901-752-7900