

School Health Screenings

Name _____ DOB ___ / ___ / ___ M / F Grade ___ (Age) yrs ___ mo ___

Height: _____ Weight: _____ BMI: _____ BMI%: _____ Refer: _____

<div style="text-align: right; margin-bottom: 5px;">_____ / _____ / _____</div> <p>iScreen Vision Screener: (Initial Screening) PASS FAIL <i>Comments:</i></p>	<div style="text-align: right; margin-bottom: 5px;">_____ / _____ / _____</div> <p>iScreen Vision Screener: (Re-Screen) PASS FAIL <i>Comments:</i></p> <div style="text-align: right; margin-top: 20px;"><i>Refer:</i> _____</div>																
<div style="text-align: right; margin-bottom: 5px;">_____ / _____ / _____</div> <p>Titmus Vision Screener: (Initial Screening)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Near</td> <td style="width:50%;">Far</td> </tr> <tr> <td>Right 20/ _____</td> <td>Right 20/ _____</td> </tr> <tr> <td>Left 20/ _____</td> <td>Left 20/ _____</td> </tr> <tr> <td>Both 20/ _____</td> <td>Both 20/ _____</td> </tr> </table> <p><i>Comments:</i></p>	Near	Far	Right 20/ _____	Right 20/ _____	Left 20/ _____	Left 20/ _____	Both 20/ _____	Both 20/ _____	<div style="text-align: right; margin-bottom: 5px;">_____ / _____ / _____</div> <p>Titmus Vision Screener: (Re-Screen)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Near</td> <td style="width:50%;">Far</td> </tr> <tr> <td>Right 20/ _____</td> <td>Right 20/ _____</td> </tr> <tr> <td>Left 20/ _____</td> <td>Left 20/ _____</td> </tr> <tr> <td>Both 20/ _____</td> <td>Both 20/ _____</td> </tr> </table> <p><i>Comments:</i></p> <div style="text-align: right; margin-top: 20px;"><i>Refer:</i> _____</div>	Near	Far	Right 20/ _____	Right 20/ _____	Left 20/ _____	Left 20/ _____	Both 20/ _____	Both 20/ _____
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Right 20/ _____	Right 20/ _____																
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Near	Far																
Right 20/ _____	Right 20/ _____																
Left 20/ _____	Left 20/ _____																
Both 20/ _____	Both 20/ _____																

_____ / _____ / _____

Hearing: (Initial Screening)

	Right	Left
1000		
2000		
4000		

_____ / _____ / _____

Hearing: **(Re-screen)**

	Right	Left
1000		
2000		
4000		

Comments:

Refer: _____