| ALLER | RGIES: | \$ |
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| | | Bureau |
| Epi-Pen | prescribed □ | |
| Date clea | ared to self-carry: | _ SCHO |
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Community Health Systems vision of School Health

L HEALTH RECORD

| QUICK REFERENCE: | | | | | | | | | | | |
|-----------------------------------|---------------|-----|-----|--|--|--|--|--|--|--|--|
| Physical Exam: | K /1 □ | 6 □ | 11□ | | | | | | | | |
| Dental Exam: | K/1 □ | 3 □ | 7 🗆 | | | | | | | | |
| Exemption(s) o Medical □ Dental □ | n file: | | | | | | | | | | |

| NAME: LA | ST, FIRST | r, MIDDL | Е | | | | |] | BIRTHD | ATE: MON | | GENDER: MALE | | | | | |
|----------------|---|----------|----------|--------|-----------|-------|-----------|-----|--------|-----------|----------|---------------|--------|-----------|--|-----------|--|
| FATHER'S | NAME: I | AST, FIR | ST, MIDD | LE Le | gal Guard | ian 🗆 | Custodial | □ I | MOTHEI | R'S NAME: | LAST, FI | RST, MID | DLE Le | gal Guard | | Custodial | |
| PERSON W | PERSON WITH WHOM STUDENT LIVES IF DIFFERENT FROM ABOVE NAME AND RELATIONSHIP Legal Guardian Custodial | | | | | | | | | | | | | | | | |
| SCHOOL YEAR | | | | S | CHOOL | ı | | | | | | COUNTY | | | | | |
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| GRADE | | | | | | | | | | | | | | | | | |
| SPECIAL | HEALT | H PROI | BLEMS/I | PARENT | CONCE | ERNS: | | | | | | | | | | | |
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| DOCUMEN | T: (1) Type of | vaccine; (2) Date | (month/day/year) for | r each immunization |
|-----------|------------------------------|-------------------|----------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
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| Date: | • | | · | · |
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| 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 |
| 1 | 2 | 3 | 4 | 5 |
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| Other Vac | ccines: (Type a | nd Date) | | 1 |
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| Medical □ | Religious/Ph | ilosophical | Date Rescinded_ | I |
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| rage 3 or 4 | | | | | | - | | | | | | | |
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| DIAGNOST | TIC TESTIN | G i.e. TB | Tests, Bl | lood Test | ts, X-Ray etc. | | | | | | | | |
| Tes | t | Date Result | | ılt | Test | Dat | e | Result | | Test | Date | Result | |
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| SCOLIO | SIS SCREEN | NING | | | | | | | | | | | |
| Date | Grad | de | PASS | FAIL | Previously diagnosed | Signature (Scree | ener) | Date rescreened | PASS | FAIL | Date referred | Date referral completed | Signature (Re-screener) |
| | 6 Screene 6 th grade phy | L | (6 th gra | de nhvei | cal may be used | d in place of 6 th grade: | screen) | | | | | | |
| | o grade phy | ysicai 🗀 | (O gra | de physi | car may be used | grade s | screen) | | | | | | |

VISION SCREENING

| | | | AN | NUAL | | GRA | DE 1 | | GRADE | 2 1 OR 2 | | | ective | REFERRAL | | | |
|------|-------|---|---------------|----------------|---|---------------|------|-----------|-------|--------------------------|---------------|-----|------------------------------------|----------|------------------|----------------------|--|
| Date | Grade | | ear Acuity | Fa Visual A | | Con (Plus) | | Co Vis | | De _j Perce | pth eption | dur | Lenses worn during screening | | Date referral | Signature (Screener) | |
| | | R | L | R | L | PASS | FAIL | PASS | FAIL | PASS | FAIL | Yes | No | referred | completed | | |
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HEARING SCREENING

| | | | INDI | ICATE I | DECIBE | L (DB) | LEVEL | FOR E | ACH FR | EQUEN | ICY FAI | LED | | | | , 1, 2, 3, 7, 11 AND PECIAL EDUCATION | | | |
|------|-------|-----|-----------|---------|--------|----------|-------|-------|--------|-------|---------|------|------------------|------|------|--|-------------------------|----------------------|--|
| | | | Right Ear | | | Left Ear | | | | | | Res | Results Referral | | | | | | |
| Date | Grade | 250 | 500 | 1000 | 2000 | 4000 | 8000 | 250 | 500 | 1000 | 2000 | 4000 | 8000 | PASS | FAIL | Date referred | Date referral completed | Signature (Screener) | |
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GROWTH SCREENING

| | | | | ANNUAL | | | |
|------|-------|--------|--------|--------|------|---|----------------------|
| Date | Grade | Height | Weight | BMI | BMI% | Date of notification to parent/guardian | Signature (Screener) |
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