

St. Lucie Public Schools School Health Services

Student Name _____ DOB _____ Date: _____
 School _____ Grade _____ Teacher _____

This student has recently had one or more of the following health screenings at his/her school: Vision, Hearing, Scoliosis and/or BMI. It is recommended that any referred tests be followed by a physician. If you have any questions please call the school clinic. **Please present this form to your doctor and send a copy of the result of your visit back to the school for your child's record.**

HEARING Pass Refer 1000Hz 2000Hz 4000Hz R _____ L _____ Audiometric Screening at 25db Rescreen _____	VISION Pass Refer FAR Right 20/____ Left 20/____ NEAR Right 20/____ Left 20/____ Muscle Bal. P R Color Perc. P R Plus Lens (+1.75) P R _____ With glasses/contacts; Rescreen _____
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Body Mass Index (BMI)
 Your child's results: Ht. _____ inches Wt. _____ pounds BMI Percentile _____

BMI for Age Percentile	What it means	Recommendations
Less than 5 th percentile	Underweight	Medical Assessment
5 th to 84 th percentile	Healthy weight	No action needed
85 th to 94 th percentile	Overweight	Medical Assessment
95 th percentile and greater	At Risk	Medical Assessment

SCOLIOSIS (done on 6th grade students only) Pass _____ Referred _____

Doctor's Report to School Clinic

Hearing: Corrective Action: Yes / No _____ Physician's signature _____ Date _____	Vision: Corrective Action Yes / No _____ Physician's signature _____ Date _____
Scoliosis: Corrective action: Yes / No _____ Physician's signature _____ Date _____	BMI: Corrective Action: Yes / No _____ Physician's signature _____ Date _____

Este estudiante ha tenido recientemente una o más de los siguientes exámenes de salud en su escuela: visión, audición, escoliosis y / o índice de masa corporal. Se recomienda que las pruebas que se refiere ser seguido por un médico. Si usted tiene alguna pregunta por favor llame a la clínica. Por favor presente este formulario a su médico y enviar una copia del resultado de su visita a la escuela.

Elèv sa a dènyèman te te gen youn oswa plis nan tès sante yo sa yo nan lekòl la / li: Vision, zòrèy, eskolyoz ak / oswa BMI. Li rekòmande pou nenpòt tès refere dwe swiv pa yon doktè. Si ou gen nenpòt kesyon, tanpri rele klinik la. Tanpri, prezante fòm sa a ak doktè ou epi voye yon kopi rezilta a nan vizit ou tounen nan lekòl la.

Parent notified: 1st _____ 2nd _____ 3rd _____