

Student Health Screening Form

Hickman County Schools

/	<input type="checkbox"/> Pass <input type="checkbox"/> Re-Test
/	<input type="checkbox"/> Pass <input type="checkbox"/> Re-Test
/	<input type="checkbox"/> Pass <input type="checkbox"/> Re-Test

Height	in.
Weight	lbs

Normal Blood Pressure Readings range from 90/50 to 120/80. BP's below or above normal will be Re-Tested up to 3 times. If BP is still low/high the School Nurse will retest.

TO THE PARENTS/GUARDIANS OF:

Student Name: _____

D.O.B: _____ Sex: M F Grade: _____

School: _____ Teacher: _____

Date: _____

VISION ACUITY (Re-test if any failures)

	Near	Far
R	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Refer
L	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Refer

HEARING

	R	L
FREQUENCIES		
1000	<input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Refer
2000	<input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Refer
4000	<input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Refer

***Please check if:**

- Wears Glasses
- Wears Contacts
- NOT wearing glasses-They are
 - Home School Broken

Color Perception ___ Pass ___ Fail

If you have any questions or comments please contact the Office of Coordinated School Health.
 Paula Chilton, paula.chilton@hickmank12.org
 Leah Conder, leah.conder@hickmank12.org
 729-5900

Your child received an Annual Student Health Screen recently at his/her school as mandated by the State of TN. All screenings are basic in their nature and are recorded on a PASS/REFER basis and should not be considered as a substitute for a professional health examination.

Information gathered from these screens are used to reveal common health issues that may have previously been un-detected as well as providing basic statistical data on the health of our youth. All screenings will be conducted with strict adherence to the confidentiality of each child and adolescent screened. Please review the indicated results for your child above and refer to the information below.

Weight/Height are measured, but your child's BMI is not calculated on this form. To learn more about BMI and to calculate your child's BMI, please visit http://pediatrics.about.com/cs/usefultools//bl_bmi_calc.htm If you have concerns or questions about your child's BMI, please visit your pediatrician.

Blood Pressure A child's sex, age and height are used to determine age-, sex- and height-specific systolic and diastolic blood pressure percentiles. Common things that could affect Blood Pressure readings: time of day, physical activity, emotional moods, stress and some illnesses. Blood Pressure will be checked twice before a student is checked as fefer. If your child has refer marked below for Blood Pressure please see your Family Physician or local health department for further assessment.

Vision screenings are conducted to detect any possible visual problems in a child as soon as possible. If your child has refer marked below for vision please see your Family Optometrist for further assessment.

Hearing screenings are conducted to identify students with possible hearing deficits at the earliest possible stage in order to refer for diagnosis and treatment.