



SOCORRO INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
Registration Check-off List for New and Transfer Students

Date _____

Nurse/Aide Initials _____

Name _____

Grade _____

Transfer from _____
School/School District

1. Immunization Record → Complete Incomplete
2. Completed Emergency Health Card
3. Current Health Screening

Comments _____

Hearing	1000Hz	2000Hz	4000Hz	P	Recheck
R					
L					
Vision	W/ GL	WO/GL	___ Reading Only ___ Lost ___ Broken	P	Recheck
R	20/	20/			
L	20/	20/			
Dental:	0 1 2R 3R	Spinal:			
HT _____ in. WT _____ lbs. AN → Y N					
Comments:					

If Applicable

- Medication Permit
- Alerts and Disabilities

Additional Comments _____
