Student ______________________________ School ____________________ Grade _______

Warren County Schools
School Assistance Team
MEDICAL AND HEALTH SCREENING FORM

1. Visual Acuity Screening Date: _____/_____/_____

Test Used for Far Vision: ________________ Test Used for Near Vision: ________________

Student was tested: With glasses Without glasses

Right Eye	Left Eye	Both Eyes
Far Vision: 20/_____ Near Vision: 20/_____ Pass Fail	Far Vision: 20/_____ Near Vision: 20/_____ Pass Fail	Far Vision: 20/_____ Near Vision: 20/_____ Pass Fail

Comments: ____

Screening Performed by: ______________________________ Position: ____________________

2. Hearing Screening Date: _____/_____/_____ _____db _____Hz (frequencies)

Right Ear	Left Ear	Both Ears
Pass Fail	Pass Fail	Pass Fail

Comments: ____

Screening Performed by: ______________________________ Position: ____________________

3. Dental Screening Date: _____/_____/_____

Comments: ____

Screening Performed by: ______________________________ Position: ____________________

4. Physical Growth & Development Screening Date: _____/_____/_____

Height	Weight	Blood Pressure
WNL BNL	WNL BNL	WNL BNL

Comments: ____

Screening Performed by: ______________________________ Position: ____________________

5. Nutritional Information Date: _____/_____/_____

Comments: ____

Screening Performed by: ______________________________ Position: ____________________

Student ____________________________ School ___________________ Grade _______

6. Medical History (Please check)

Prenatal:	Normal	Significant (explain) ______ ______ ______
Neonatal	Normal	Significant (explain) ______ ______ ______
Developmental Milestones	Normal	Significant Delays (explain) ______ ______ ______
Hospitalization(s) or Injuries	No	Yes (explain) ______ ______ ______
Significant Health Problems	No	Yes (explain) ______ ______ ______
Medication(s) for long periods	No	Yes {give dates, medication(s), reason(s)} ______ ______ ______
Family History of Medical/Learning Problems	No	Yes Relationship to Student/Specific Problem: ______ ______ ______