



Annual Health Screening Record

2021 - 2022

Student Name: _____

Birth Date: _____

Date of Screening: _____

Grade: _____

Height (All Grades) _____	Weight (All Grades) _____
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Vision (Grades K-5, 7, 9, 11):

Far R20/____ L20/____ Pass or Fail? ____

Near R20/____ L20/____ Pass or Fail? ____

***Grades K-1: $\leq 20/40$ passes; $\geq 20/50$ fails; Grades 2-12: $\leq 20/30$ passes; $\geq 20/40$ fails**

Does the student wear glasses/contacts? _____

Was the student referred for further vision evaluation? _____

Other Vision (Grades K - 2)

Color Vision Pass or Fail? ____

Stereo/ Depth Perception Pass or Fail? ____

Convex Lens Pass or Fail? ____

Hearing (Grades K, 1, 2, 3, 7, 11, and any child with a history of hearing loss)

	250	500	1000	2000	4000	Pass/Fail	Referred
Right dB							
Left dB							

Scoliosis (Grades 6, 7)

Pass or Fail? ____ Referred? ____

Provider Signature _____ Office Name/Phone: _____