Lafayette County Schools Teacher: _____

School Health Screenings

Name _____ DOB ___ / ____ / ____ M / F Grade____ (Age) yrs ____ mo____

Height: _____ Weight: _____ BMI: _____ BMI%: _____ *Refer:* _____

____ / ____ / ____ iScreen Vision Screener: (Initial Screening) PASS FAIL *Comments:*	____ / ____ / ____ iScreen Vision Screener: (***Re-Screen***) PASS FAIL *Comments:* *Refer:* _____
Titmus Vision Screener: ____ / ____ / ____ (Initial Screening) Near Far Right 20/_____ Right 20/_____ Left 20/ _____ Left 20/ _____ Both 20/ _____ Both 20/ _____ *Comments:*	Titmus Vision Screener: ____ / ____ / ____ (***Re-Screen***) Near Far Right 20/_____ Right 20/_____ Left 20/ _____ Left 20/ _____ Both 20/ _____ Both 20/ _____ *Comments:* *Refer:* _____

_____ / _____ /____

Hearing: (Initial Screening)

	Right	Left
1000		
2000		
4000		

_____ / _____ / _____

Hearing: ***(Re-screen)***

	Right	Left
1000		
2000		
4000		

Comments: *Refer:*_____

Scoliosis Screening:

_____ WNL (Within Normal Limits) _____ Abnormal *Refer:* ___