

Name _____ Date of Birth _____ Physical Examination(s) _____

(Last) (First) (Middle)

Health conditions such as severe allergies, disabilities, chronic illness, or other special health needs (add comments on back): _____

504/IEP Date of Review or Reevaluation _____

Screening Record

Record the date of screening and student's age with each screening result. *Indicate with an asterisk if student is wearing glasses during vision screening.

DATE	(age)	(age)	(age)	(age)	(age)	(age)	(age)	(age)	(age)
Height									
Weight									
BMI Percentile									
Vision: Right Eye									
Left Eye									
Hearing: Right Ear									
Left Ear									

DOCUMENTATION

Use this side to record referrals and follow-ups (*physician, clinic, parent, etc.*), special procedures required during the school day, or other significant findings that may affect the student's school participation Please sign and date all entries.

PUPIL'S CUMULATIVE HEALTH RECORD

The purpose of this record is to give the health professional a concise summary of the student's school health history. It is not intended to be used for daily documentation. Parent and emergency information should be maintained elsewhere.

Screenings are recorded by date and student age rather than grade level. This accommodates changes in the primary program and documents information more accurately for the student.