cmcss The Defining Difference

Clarksville – Montgomery County School System
Student Health Screening Form

Date of Screening: _____ **School:** _____

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	☐ MALE ☐ FEMALE	AGE

Wears Glasses or Contacts? ☐ YES ☐ NO	Wears Hearing Aids? ☐ YES ☐ NO	HOMEROOM TEACHER	GRADE

INITIAL SCREENINGS

TESTED WITH CORRECTIVE LENSES? ☐ YES ☐ NO		
DIGITAL SCREENER? ☐ YES ☐ NO		
10 FT DISTANCE IF USING SNELLEN CHART	VISION (L EYE)	VISION (R EYE)
COLOR SCREENING ☐ PASS ☐ FAIL		

HEARING (L EAR)		HEARING (R EAR)	
4000 Hz:	dB	4000 Hz:	dB
2000 Hz:	dB	2000 Hz:	dB
1000 Hz:	dB	1000 Hz:	dB

HEIGHT	WEIGHT	BLOOD PRESSURE
in.	lb.	/

RE-SCREENINGS

DATE OF RE-SCREEN:		
TESTED WITH CORRECTIVE LENSES? ☐ YES ☐ NO		
10 FT DISTANCE IF USING SNELLEN CHART	VISION (L EYE)	VISION (R EYE)
	20/	20/

HEARING (L EAR)		HEARING (R EAR)	
DATE OF RESCREEN:			
4000 Hz:	dB	4000 Hz:	dB
2000 Hz:	dB	2000 Hz:	dB
1000 Hz:	dB	1000 Hz:	dB

BLOOD PRESSURE	
DATE:	/
DATE:	/
DATE:	/

OUTCOME OF SCREENINGS

	Referral Sent	Follow-up Rec'd
VISION		
COLOR		
HEARING		
BLOOD PRESSURE		