			SCREENII Within th	NGS: The I	results a t's Perm	nd detai	ls of hea	alth-rela	ted screes	enings s	should be	e recorde	ed in the	student's individual and final results that	health record	the	
				student's educational prog					information tha	at teachers and o				need to know to assist the student.  Comments			
			Date	R	L		R	L		P	F	Ler YES	nses NO				
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tions (if		screenin															
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20db at 1000Hz, 2000Hz, 4000Hz:

Date of most recent hearing screening:

Preferential seating

Known hearing problems:

sbiA gnirs9H 🔲

Under MD Care: Tes No

Results

Date

DENTAL SCREENING

## PPS-2P REV. 11/20 STUDENT'S PERMANENT HEALTH RECORD HEALTH ALERTS:

		Title of in	dividual recording / transc	ribing:		Date			
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	School Health Unit	- of Public Health	the Morth Carolina Division		These materials	RTMENT OF	AC DEPA		
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(bəbəən ìi)	# OI						Full Name:		
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Vaccine	#1	#2	#3	#4	#5			
DTP, DTaP, DT								
Tdap								
Hib								
Hepatitis B								
MMR								
If no MMR:								
Measles								
Mumps								
Rubella								
Polio								
Varicella								
Meningococcal								
 Pneumococcal Conjugate								
Others: (list below)								
	Signature: Date:  Title of individual recording / transcribing:							
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Signature:					Date:			
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**RECORD OF IMMUNIZATIONS** 

ENTER DATE OF EACH DOSE - MO/DAY/YEAR

**This section is optional.** This transcription does not serve as an official record of immunization. A copy of the student's official immunization certificate or record(s) shall be maintained within the student's health record. Follow the current NC recommended schedule for immunizations.

Date

Notes