

VISION SCREENING

Known vision problem:

Classroom Accommodations (if any):

Other comments:

Results of failed vision screening:

SCREENINGS: The results and details of health-related screenings should be recorded in the student's individual health record. Within the Student's Permanent Health Record it is important to record only those findings and final results that may impact the student's educational progress and provide information that teachers and other educators need to know to assist the student.

Date	FAR ACUITY		BOTH	NEAR ACUITY		BOTH	STEREOPSIS		Screened with Corrective Lenses		Comments
	R	L		R	L		P	F	YES	NO	

OTHER SCREENING

Date	Results

ANTHROPOMETRIC SCREENING

Date	Ht.	Wt.	BMI Percentile	Comments

HEARING SCREENING

Date	Pass	Rescreen	Referral	Administrator/Comments	20db at 1000Hz, 2000Hz, 4000Hz:	
					R	L

DENTAL SCREENING

Date	Results

Date of most recent hearing screening:

Known hearing problems:

Preferential seating Hearing Aids Under MD Care: Yes No

STUDENT'S PERMANENT HEALTH RECORD

PPS-2P REV. 2/16

HEALTH ALERTS:

Full Name: _____

ID # (if needed)

Sex: M F Birth date: ____/____/____

Parent/Guardian Name: _____

Emergency contact phone: _____

HEALTH HISTORY

Normal growth and development, no known health problems

HEALTH CONDITIONS

Health Condition: _____ EAP on file: _____ IHP on file: _____

Comments: _____

Date: _____

Signature: _____

HEALTH ASSESSMENT

The Health Assessment form, required for first time entry into NC public school, is on file:

Yes No

Medical Exemption on File _____

Religious Exemption on File _____

Students with vaccine exemption status may be at increased risk during disease outbreaks. (Check all vaccine/series not completed per Exemption)

DTP, DTaP, DT, TD

Polio

Hib

Meningococcal

Hepatitis B

MMR Measles Mumps Rubella

I certify this student has received the immunizations as required by North Carolina law. A Certificate of Immunization (§130A-154) is on file.

Date

Signature

Title

Date



These materials are a joint project of the North Carolina Division of Public Health – School Health Unit and the North Carolina Department of Public Instruction.

Date	Notes

RECORD OF IMMUNIZATIONS

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.

ENTER DATE OF EACH DOSE – MO/DAY/YEAR

Enter "M" for any vaccine for which a valid exemption statement from MD is on file. Enter "R" for any vaccine for which the parents/guardians claim a religious exemption. Place/maintain a valid exemption statement in the student's school record.

Vaccine	#1	#2	#3	#4	#5
DTP, DTaP, DT					
Tdap					
Hib					
Hepatitis B					
MMR					
If no MMR:					
Measles					
Mumps					
Rubella					
Polio					
Varicella					
Meningococcal					
Others: (list below)					

Signature: _____ Date: _____

Title of individual recording / transcribing: _____

Signature: _____ Date: _____

Title of individual recording / transcribing: _____

Signature: _____ Date: _____

Title of individual recording / transcribing: _____