



SUWANNEE DISTRICT SCHOOLS COMPREHENSIVE HEALTH SERVICES

1st
2nd
3rd

MANDATORY HEALTH SCREENING RESULTS

STUDENT NAME: [[FULL_NAME::Last, First M]]

SCHOOL: [[SCHOOLS_CUSTOM_79::Abbreviation]]

DOB: [[CUSTOM_200000004::Birthdate]] ([[AGE::Age]])

TEACHER: [[PERIOD_01::Period 1 Teacher - Room]]

GENDER: [[CUSTOM_200000000::Gender]] GRADE: [[GRADE_ID::Grade]]

SCREENING DATE: [[CURRENT_DATE::Current Date]]

Dear Parent/Guardian:

Health screenings as mandated by Rule 64F—6.003, Florida Administrative Code, have recently been completed by the Suwannee District School Health Services Team. The results of the screenings are listed below. Results appear only for screenings mandated for your child's age/grade.

If your child did not pass any of the screenings, we recommend that he/she be evaluated by his/her healthcare provider.

<u>Vision Screening Results</u> Required for all students in KG, 1st, 3rd, and 6th grades					<u>Hearing Screening Results</u> Required for all students in KG, 1st, and 6th grades																															
Right Eye: <input type="checkbox"/> Passed <input type="checkbox"/> Failed Has Glasses: Left Eye: <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Yes <input type="checkbox"/> Unable to Screen <input type="checkbox"/> No					Right Ear: <input type="checkbox"/> Passed <input type="checkbox"/> Failed Left Ear: <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Unable to Screen																															
<u>Sure Sight Results</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Right</th> <th style="width: 10%;"></th> <th style="width: 10%;">Left</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <td>Sphere</td> <td></td> <td>Sphere</td> <td></td> <td rowspan="2" style="text-align: center; vertical-align: middle;">Difference</td> </tr> <tr> <td>Cylinder</td> <td></td> <td>Cylinder</td> <td></td> </tr> </table>					Right		Left			Sphere		Sphere		Difference	Cylinder		Cylinder		<u>Screening Method</u> <input type="checkbox"/> Audiometer <input type="checkbox"/> EroScan																	
Right		Left																																		
Sphere		Sphere		Difference																																
Cylinder		Cylinder																																		
<u>Sure Spot Vision Screener Results</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="width: 33%;">Right</th> <th colspan="3" style="width: 33%;">Left</th> <th colspan="3"></th> </tr> <tr> <td colspan="3" style="text-align: center;">SE</td> <td colspan="3" style="text-align: center;">SE</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">DS</td> <td style="text-align: center;">DC</td> <td style="text-align: center;">AXIS</td> <td style="text-align: center;">DS</td> <td style="text-align: center;">DC</td> <td style="text-align: center;">AXIS</td> <td colspan="3"></td> </tr> </table>					Right			Left						SE			SE						DS	DC	AXIS	DS	DC	AXIS				Comments: _____ <div style="text-align: right;">Initials: _____</div>				
Right			Left																																	
SE			SE																																	
DS	DC	AXIS	DS	DC	AXIS																															
To be filled out by Doctor/Vision/Hearing Professional if Applicable. <div style="display: flex; justify-content: space-between;"> <div> Date of Vision Examination: _____ Glasses Prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time Wear ► Doctor's Comments Re: Vision/Hearing: _____ </div> <div> Date of Hearing Examination: _____ <input type="checkbox"/> Part Time Wear </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Doctor's/Vision/Hearing Professional's Signature: _____ Doctor's/Vision/Hearing Professional's Name Printed/Stamped: _____ </div> <div> Phone Number: _____ </div> </div>																																				

Growth and Development, BMI, and Scoliosis Screening Results Located on Back

Body Mass Index Screening Results: Required for all students in 1st, 3rd, and 6th grades

Weight: _____ ☐ Underweight (less than 5th percentile); recommend evaluation by doctor.
 Height: _____ ☐ Overweight (greater than 95th percentile); recommend evaluation by doctor.
 BMI: _____ ☐ Unable to Screen
 BMI %: _____
 Comments: _____ Initials: _____

To be filled out by Parent if Applicable.

☐ I choose not to obtain a doctor's evaluation for this possible problem.

Parent / Guardian Signature: _____

Date: _____

OR

To be filled out by Doctor if Applicable.

Date of BMI Exam: _____

► Doctor's Comments Re: BMI:

Doctor's Signature: _____

Date: _____

Doctor's Name Printed/Stamped:

Your child was weighed and measured to see how he/she is growing. Body Mass Index (BMI) looks at a child's growth and compares it to a typical child his/her age. Student growth and development is evaluated with BMI according to current Centers for Disease Control recommendations. Checking a child's growth over time is more important than a one time measurement. However, BMI can be used to screen children who may be at increased risk for health and nutrition problems such as high blood pressure, high cholesterol, diabetes, fatty liver, heart disease and many other health problems.

Regardless of BMI classification, it is good to be active and eat healthy. Make sure your child is eating from all the food groups, avoiding high fat or high sugar foods. Children should be physically active for at least one hour a day. Physical activity can be done in four 15 minute sessions. We encourage you to be physically active and make healthy choices as a family.

Scoliosis Screening Results: Required for all students in 6th grade

☐ Normal ☐ Abnormal ☐ Rescreen Scoliometer ☐ Unable to Screen

Comments: _____ Initials: _____

To be filled out by Doctor if Applicable.

Date of Scoliosis Exam: _____

► Doctor's Comments BMI:

Doctor's Signature: _____

Date: _____

Doctor's Name Printed/Stamped:

Please contact your child's school nurse if you have questions or need financial assistance with obtaining health services for your child.

Suwannee Riverside Elementary: 386-647-4307

Suwannee Springcrest Elementary: 386-647-4710

Branford Elementary: 386-935-5707

Suwannee Pineview Elementary: 386-647-4465

Suwannee Middle: 386-647-4513

Branford High: 386-935-5609

Suwannee High: 386-647-4023