

## STUDENT HEALTH SCREENING RECORD

**Student:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

GRADE/ DATE	HT	WT	VISION R/L	HEARING R/L	SCOLIOSIS	DENTAL	SPORTS PHYSICAL	COMMENTS

**Code:**  
**P – Pass**  
**F – Failed**  
**R – Refer**  
**U – Unable to Test**  
**D – Deferred**  
**N/A – Not Applicable**