



Rick Scott
Governor

HEALTH REPORT CARD-SCREENING RESULTS
SCHOOL YEAR: _____

Dear Parent/Guardian:

_____ was screened by the nurses of the Escambia County Health Department School Health Program on _____. The results of the screenings are listed below.

If your child failed any of the following screenings, we recommend that your child be evaluated by his/ her doctor. If finances are a problem, resources may be available. Please call the school nurse at _____. Thank you for your assistance.

School Health Nurse

<p>Vision Screening Results:</p> <p>Right Eye: Passed <input type="checkbox"/> Failed <input type="checkbox"/> _____</p> <p>Left Eye: Passed <input type="checkbox"/> Failed <input type="checkbox"/> _____</p> <p>Comments: _____</p> <p>_____</p>	<p>Hearing Screening Results:</p> <p style="text-align: right;">Lowest dB level heard</p> <p>Right Ear: Passed <input type="checkbox"/> Failed <input type="checkbox"/> dB level ____</p> <p>Left Ear: Passed <input type="checkbox"/> Failed <input type="checkbox"/> dB level ____</p> <p>Comments: _____</p> <p>_____</p>
<p>Scoliosis Screening Results:</p> <p>Scoliosis: Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>Lordosis: Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>Kyphosis: Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p>Comments: _____</p> <p>_____</p>	<p>Doctor's Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature: _____</p> <p>Phone: _____</p>

← **SEE BACK OF FORM** →
PLEASE RETURN FORM TO THE SCHOOL NURSE

HEALTH REPORT CARD-BODY MASS INDEX SCREENING RESULTS
SCHOOL YEAR: _____

Name: _____

Body Mass Index Screening Results:

Your child's height, weight, BMI, and percentile are listed below.

Height:_____ Weight:_____ BMI:_____ Percentile: _____

Underweight (less than the 5th %) **recommend evaluation by doctor.**

Healthy Weight (5th % to less than the 85th %)

Overweight (85th to less than the 95th %)

Obese (equal to or greater than the 95th %) **recommend evaluation by doctor.**

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. 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.** If your child's BMI is not in the healthy range, it is important to discuss this with your child's doctor. Regardless of BMI range, 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.

Doctor's Comments: _____

Doctor's Signature: _____ **Phone:** _____

Parent's/Guardian's Comments: _____

Parent's/Guardian's Signature: _____ **Phone:** _____