

**2023-2024 HEALTH SCREENINGS**

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The following screenings are required by the state of Texas:

**SCREENINGS BY PHYSICIAN**

Please take this form to your physician or health care provider. It must be returned to Lakehill by the first day of school.

**Vision Screening** (grades K,1,3,5, and 7 and new students)

1<sup>st</sup> Distance Acuity: R: 20/ \_\_\_\_ L: 20/ \_\_\_\_

Pass \_\_\_\_ Rescreen \_\_\_\_ Refer \_\_\_\_

2<sup>nd</sup> Distance Acuity: R: 20/ \_\_\_\_ L-20/ \_\_\_\_

Pass \_\_\_\_ Rescreen \_\_\_\_ Refer \_\_\_\_

\_\_\_\_ with \_\_\_\_ without glasses/contacts

**Hearing Screening** (grades K,1,3,5,7,and 9 and new students)

1<sup>st</sup> R Pass \_\_\_\_ L – Pass \_\_\_\_

Rescreen \_\_\_\_ Refer \_\_\_\_

2<sup>nd</sup> R Pass \_\_\_\_ L – Pass \_\_\_\_

Fail \_\_\_\_ Refer \_\_\_\_

**Acanthosis Nigerican** (grades K,1,3,5,7 and 9 and new students)

Pass \_\_\_\_ Fail \_\_\_\_ Refer \_\_\_\_

**Spinal Screening** (Girls in 5<sup>th</sup> and 7<sup>th</sup> grades/ Boys in 8<sup>th</sup> grade)

Pass \_\_\_\_ Scoliosis \_\_\_\_ Kyphosis \_\_\_\_

Other \_\_\_\_ Refer \_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date