Reach Cyber Charter School
ANNUAL MANDATED SCREENINGS FORM

Forms can be returned via email to Reach_nurses@reachcyber.org or fax to 717-483-2804.

REACH CYBER CHARTER SCHOOL

Private Screening Results for _____ **DOB** _____ **Grade** _____

ALL GRADES – Height & Weight- **Date:** _____

Height_____ Weight_____ BMI_____ BMI % _____

ALL GRADES – VISION- Date: _____

Near Visual Acuity		Far Visual Acuity		Corrective lenses worn for exam?	PASSED	Referred	Glasses Prescribed
Right	Left	Right	Left	YES	YES	YES	YES
				NO	NO	NO	NO

GRADE 1 only (Circle result)

Color Vision: PASS FAIL Depth Perception: PASS FAIL Plus Lens: PASS FAIL

GRADES K, 1, 2, 3, 7, 11 – HEARING- Date: _____

RIGHT EAR						LEFT EAR						
250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	PASS or FAIL If FAIL, Was the student referred for further screening? YES NO

Date/result of further screening: _____

Grades 6 & 7- Scoliosis Date:_____

PASS or FAIL

Previously Diagnosed_____ **Referred for Treatment**_____

Please list any current medical conditions, emergency medications or other pertinent information which may impact this student's learning and or safety:

_____

_____

_____

Were screenings completed as part of a physical exam? YES NO

** If any immunizations were given, please attach most current immunization record with this form **

Provider Signature: _____ Provider Phone Number:_____

Office Name & Address: Fax Number: _____