

PLEASE HAVE YOUR PEDIATRICIAN COMPLETE THE FOLLOWING SCREENING. IF YOU DO NOT HAVE ACCESS TO A PEDIATRICIAN, PLEASE CONTACT LESLIE WYERS AT 856-793-0333 EXT. 14130 FOR ASSISTANCE.

Student _____

Health Services

Height _____ Weight _____ Blood Pressure _____

Vision Screening

Please complete Titmus Vision Tester Record Form (Page 4a).

Should this student be referred for further visual evaluation?

Yes _____ No _____

Comments:

Audiometric Screening

Results of audiometric screening in accordance with N.J.A.C. 6:29-5.

Comments

Health Concerns

Physician _____ Date _____