

**Juniata County School District
Home Schooled Student
Annual Mandated Health Screening Report**

Name of Student: _____ School Year: _____
Grade of Student: _____ Date of Screenings: _____

BMI (K – 12)

Height: _____ inches Weight: _____ pounds

Body Mass Index-for-Age Percentile: _____ %

Vision (K – 12) PASS/FAIL

	Far Acuity Results		Near Acuity Results	
	Corrective Lenses: Yes No Circle one: Glasses/Contacts		Corrective Lenses: Yes No Circle one: Glasses/Contacts	
	Uncorrected	Corrected	Uncorrected	Corrected
Right Eye	20 / _____	20 / _____	20 / _____	20 / _____
Left Eye	20 / _____	20 / _____	20 / _____	20 / _____
Both	20 / _____	20 / _____	20 / _____	20 / _____

Convex Lens (Grade 1 only): PASS/FAIL
Color Vision (Grade 1 only): PASS/FAIL
Stereo/Depth Perception (Grade 2 only): PASS/FAIL

Hearing (K – 3, 7, 11) PASS/FAIL

RIGHT EAR:		Frequency:	250	500	1000	2000	4000	8000
Results: PASS/FAIL	AID: <input type="checkbox"/>	Decibels:	_____	_____	_____	_____	_____	_____
LEFT EAR:		Frequency:	250	500	1000	2000	4000	8000
Results: PASS/FAIL	AID: <input type="checkbox"/>	Decibels:	_____	_____	_____	_____	_____	_____

Scoliosis (6 and 7)

Scoliosis Screening: PASS/FAIL

Screenings completed by:
PRINTED NAME OF PROVIDER: _____

SIGNATURE OF PROVIDER: _____