



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

HEALTH REPORT CARD – SCREENING RESULTS
SCHOOL YEAR: _____

Dear Parent/Guardian:

_____ was recently 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 does not pass any of the following screenings, we recommend that he/ she is evaluated by his/her health care provider. If finances are a problem, resources may be available. Please call me at _____. Thanks you for your assistance.

School Health Nurse
Escambia County Health Department

<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>Hearing Screening Results:</p> <p 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>Blood Pressure Screening Results:</p> <p>Right Arm: _____ Passed: <input type="checkbox"/></p> <p>Left Arm: _____ Failed: <input type="checkbox"/></p> <p>Comments: _____</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>Doctor's Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Signature: _____ Phone: _____</p>	

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

Name: _____

Body Mass Index Screening Results: Date: _____

Height: _____ Underweight (5th %) **recommend evaluation by doctor.**

Weight: _____ Normal Weight (5th to 85th %)

BMI: _____ At Risk for Overweight (85th to 95th %) **recommend evaluation by doctor.**

Percentile: _____ Overweight (> 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 normal, it is important to discuss it with your child's health care provider.

Regardless of BMI classification, 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:

Signature: _____ Phone: _____

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Tradition • Service • Leadership

Escambia County Health Department

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