## GOOSE CREEK CISD _____ Nurse Information Form

| Student: | | Gender: | | Campus: | | Grade: | |
|---|---|---|---|---|---|---|---|
| DOB: | | Age: | | Teacher: | | School Year: | |

**Vision Screening Results: *Results must be current (within one calendar year)**

Name of person conducting screening: _____Position:____ School Nurse ____ other

Date of Screening: _____/_____/_____ Screening: _____without glasses _____lost _____ broken
_____with glasses/contacts

Type of Screening: _____ Snellen E @ _____ 10 feet or _____ 20 feet
_____ Snellen Letter @ _____ 10 feet or _____ 20 feet
_____ HOTV

Acuity Results - Right eye: _____ Left eye: _____

Results of Screening: _____ Passed _____ Failed
Referred for follow up treatment: _____ Date: _____

**Hearing Screening Results: *Results must be current (within one calendar year)**

Name of person conducting screening: _____Position:____ School Nurse ____ Other
Date of Screening: _____/_____/_____

Puretone Audiometer Screening: _____Yes _____ No

| Ear | 1000 Hz | 2000 Hz | 4000 Hz |
|---|---|---|---|
| Right | | | |
| Left | | | |

Results of Screening: _____ Passed_____ Failed
Referred for follow up treatment: _____ Date: _____

**Other School Health Medical Information:**

Does the student require other ongoing health services such as those listed below? _____Yes _____No
_____ special prescribed diets _____ catheterization _____ monitoring use of wheelchair, crutches, etc.
_____ special feeding procedures _____ monitoring of seizures _____ prescribed rest periods
_____ other:_____

_____ Yes _____ No Does student have any life threatening allergies requiring an Epinephrine auto-injector?
If yes explain,

_____

_____ Yes _____ No Does student have a history of frequent illness/complaints that necessitate clinic visits?

_____

_____ Yes _____ No To your knowledge, is the student under a doctor's care? For what reason(s)?

_____

Does the student take prescribed medication _____at school _____at home that the school nurse is aware of?

If yes, for what reason(s)? _____

Comments: _____

Signature_____ Date Completed_____