STUDENT HEALTH SCREENING REFERRAL TRACKING FORM

STUDENT __________________________ STUDENT ID ________________
SCHOOL __________________________ TEACHER ___________________ GRADE ________________

<table>
<thead>
<tr>
<th>CHECK REFERRAL AREA</th>
<th>VISION □</th>
<th>HEARING □</th>
<th>BMI □</th>
<th>SCOLIOSIS □</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF SCREENING</td>
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1ST ATTEMPT

DATE

METHOD OF NOTIFICATION COMMENT

2ND ATTEMPT

DATE

METHOD OF NOTIFICATION COMMENT

3RD ATTEMPT

DATE

METHOD OF NOTIFICATION COMMENT

Follow-up should begin 1 week after initial screening date
T = failed screening - Received follow-up evaluation by healthcare provider - Completed outcome
N = failed screening - Did not receive parental response - Incomplete outcome

Original completed form - File in student's CUM Health Record

05/22/13