

Gilmer Independent School District
TIER I

General Health Inventory, Vision and
Hearing Screening

Student Name (first, middle, last)

Birthdate

Campus

Grade

Teacher

VISION SCREENING

Date

Examiner

Close Vision

Without glasses: Pass Fail

With glasses: Pass Fail

Far Vision

Without glasses: Pass Fail

With glasses: Pass Fail

Comments

Examiner Signature

Examiner Position

HEARING SCREENING

Date

Examiner

Screened at db

Right: Pass Fail

Left: Pass Fail

**(If failed, re-administer
screening in approximately
two weeks.)**

Second screening:

Date Right: Pass Fail

Left: Pass Fail

**(If second screening
failed, prepare
audiogram and attach.)**

Impedance

As a result of the screening, is there any indication of a need for further evaluation or adjustment?

Yes

No

If yes, please explain:

Examiner Signature

Examiner Position

HEALTH SCREENING

Date

Examiner

Current physical condition:

appears to be in good health

health problems apparent

Describe

Frequent absences due to health problems?

Yes

of absences

No

Physical disability:

none apparent

disability present

Describe

Is this student currently on medication?

Yes

No

If yes, give details

Does this student require adaptive equipment?

Yes

No

If yes, please specify

As a result of the screening, is there any indication of a need for further evaluation or adjustment?

Yes

No

If yes, please explain

Has any follow-up treatment been recommended?

Yes

No

If yes, please explain

Comments

Return to

Nurse's Signature

Date