



POMONA UNIFIED SCHOOL DISTRICT

Health Services & Programs

HEALTH SCREENINGS FOR INITIAL, ANNUAL, TRIENNIAL, AMENDED ASSESSMENTS

DATE COMPLETED	
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STUDENT NAME		BIRTH DATE	
SCREENED BY		SCHOOL	

VISION							
DISTANCE	(Rt)	20 /	(Lt)	20 /	DATE		REFERRAL DATE
NEAR POINT	(Rt)	20 /	(Lt)	20 /	DATE		
GLASSES	(Rt)	20 /	(Lt)	20 /	DATE		REFERRAL DATE
HEARING	(Rt)		(Lt)		@ 25 dB	DATE	REFERRAL DATE

OTHER	
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SIGNIFICANT CONCERNS

◆	BIRTH AND DEVELOPMENTAL HISTORY (AGE OF MOTHER AT PREGNANCY)	
◆	HEALTH HISTORY (DIAGNOSIS, DATE, PROVIDER)	
◆	ALLERGIES	
◆	MEDICATIONS (NAME, DOSAGE, USE)	
◆	HEALTH BENEFITS	
◆	IMMUNIZATIONS	
◆	APPLIANCES	
◆	AGENCIES	

RECOMMENDATIONS (PLEASE CONSIDER THE FOLLOWING OPTIONS AS NEEDED)

◆	FOLLOW UP	
◆	REFERRALS	
◆	IEP HEALTH AND NURSING	
	◆ SPECIALIZED HEALTH CARE PROCEDURE (435)	
	◆ OTHER (436)	
	◆ IHSP	
◆	RELEASE OF INFORMATION	

Revised 07/6/18