

2014 School Health Fair Screening Form

Child Name

Grade

Date of Birth

Age

Parent Name

Address

City/State/Zip

Phone

Health Insurance

Private Insurance

MO HealthNet/Medicaid

No Insurance

Dental Insurance

Yes

No Insurance

Has the child had an eye exam in the past year?

Yes

No

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Height

Weight

BP

Vision

Dental

Scoliosis

I authorize the Grundy County Health Department to share this information with my school nurse.

- Grundy R-5
- Laredo
- Pleasant View
- Spickard
- Trenton R-9
- Homeschooled

Signature