



Student Health Screening Form

This form should be submitted directly to: Commonwealth Charter Academy, 1 Innovation Way, Harrisburg, PA 17110
Or send it by fax to 717-307-3320.

Student Information

_____ M F
Last Name First Name Middle Initial Grade Date of Birth Gender

_____ Apartment/Unit #
Student's Street Address

_____ City State ZIP Code Home Phone Other Phone

Height _____ Weight _____

Vision:

	Right	Left	w/plus lens	Color (P/F)	Depth (P/F)
Near					
Far					

Does the student wear glasses/contacts? _____

If yes, were they worn for screening? _____

Hearing: (grades K, 1, 2, 3, 7, 11 and any child with a history of hearing loss)

	250	500	1000	2000	4000	8000	P/F
Right dB							
Left dB							

Scoliosis: (grades 6 and 7)

Pass or Fail: _____ Referred: _____

Comments: _____

_____ Physician's signature Physician's name Phone number Date of exam