

Mandated School Health Services

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SERVICE	K	1	2	3	4	5	6	7	8	9	10	11	12	Notes
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X	
Maintenance of Health Record	X	X	X	X	X	X	X	X	X	X	X	X	X	
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	
Medical Examination	*	*					X						X	*Required on original entry- K or 1st grade
Dental Examination	*	*		X				X						*Required on original entry- K or 1st grade
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X	
Hearing Screen	X	X	X	X				X					X	
Scoliosis Screen							X	X						6th grade physical may be used in lieu of 6th grade screen
Tuberculin Test	*	*								X				*Required on original entry- K or 1st grade. Unless approved to discontinue
Vision Screen-Far Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision Screen-Near Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision Screen-Convex Lens Test (Plus Lens)		X												1st grade students meeting criteria & new students (any grade) not previously screened
Vision Screen-Color Vision Test		*	*											*1st or 2nd grade & new students (any grade) not previously screened
Vision Screen-Stereo/Depth Perception Test		*	*											*1st or 2nd grade & new students (any grade) not previously screened