

Student Record Card 5 Maryland State Department of Education **HEALTH SCREENINGS**

MCPS Form SR-5 December 2019

MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

State ID# _____ SIDE 1

Legal Na	me	Last					First			Mic	ddle _		Preferrea	l Name		Student	ID #		Birth D	oate/_	/	
Health (erns _											☐ 504										
Individual Health Care Plan? Yes No												•	pliance met: Signature									
Allergic to										Secondary IZ Compliance met: Signature												
Lead S e Signatur		_						, ,		/	/	Lead To	est Resu		onths	or students born a	ad Test Re	esults at 24 i				
		,								/ISION	SCRE	NINGS										
Date	Grade	No Glasses		With Glasses						Check		Date Parent	Comments Other Instruments, Signature, and Title Comment codes: (1) Forgot glasses		ROUTINE PHYSICAL EXAM							
						Spot	LEA	Sloan						Other Instrur Comment	ther Instruments, Signature, Comment codes: (1) Forgot of	ature, and Title orgot glasses	re, and little ot glasses	DATE	GRADE	FOLLOW-U	JP NEEDED	
						Screener	Cards		Color	0	ne	Notified		(2) glasses broken (3				DATE	GRADE	YES	NO	
		R	L	R	L					Pass	Refer											
																	-					
								ŀ	IEARIN	G SCRI	EENING	S	•									
	(1)	Check One											L									
Date	Grade	Pass		ail	Audiometric Results Date Parent Comments Notified Include signature and title								Г	ROUTINE DENTAL EXAM								
		1 433		411						rvouncu						-			FOLLOW-UP NEEDED			
			Г	R	Right:		_ dB 0 Hz								DATE G	GRADE	YES	NO				
			L		Left: ⁻		2000	400	dB													
			l r	$\neg \mid^{R}$	ight: _	1000	2000	400	dB 00 Hz													
		"			Left: ¯				dB													
		П	lг	$\neg \mid^{R}$	ight: _	1000	2000	400	dB 00 Hz													
					Left: ¯				dB													
			lг	$\neg \mid^{\kappa}$	ight: _	1000	2000	400	dB 00 Hz													
					_eft: ⁻ ight: _				dB dB													
					J -	1000	2000	400	00 Hz													
					Left: ¯				dB													



Student Record Card 5 Maryland State Department of Education HEALTH SCREENINGS, EXAMINATIONS AND EVALUATIONS

MCPS Form SR-5 December 2019

MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

State ID# _____ SIDE 2

al Name								Birth Date/
Name Last	I	First	Middle	Prefei	red Na	me		
IONAL SCREENINGS:								
School	Date	Grade	Additional Screenings	Pass	Fail	Date Parent Notified	Comments	Signature/Title
R COMMENTS ON HEALT	TH SCREENINGS	(HEALTH F	ROOM VISITS, HEALTH APPR	AISALS A	AND SC	CHN CASE MANAG	EMENT ARE NOT RECORDED on	this FORM—Use the SR-5a).
School	Date	Grade	·			COMMENTS		Signature/Title