Student Record Card 5
Maryland State Department of Education
HEALTH SCREENINGS

MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form SR-5
February 2019

State ID# _____ **SIDE 1**

Legal Name _____ _____ Student ID # _____ Birth Date ____/____/____
Last First Middle Any Other Name

Health Concerns _____ ☐ 504 ☐ IEP

Important: The Maryland Immunization Certificate, Form MDH 896 or copy of computer generated immunization record is to be filed in student's health record.

Individual Health Care Plan? ☐ Yes ☐ No

Allergic to _____

PreSchool IZ Compliance met: Signature _____ Date ____/____/____

Elementary IZ Compliance met: Signature _____ Date ____/____/____

Secondary IZ Compliance met: Signature _____ Date ____/____/____

Lead Screening: Blood Lead Testing Certificate (Date) ____/____/____ Lead Test Results at 12 months _____, Lead Test Results at 24 months _____
(If required for students born after January 1, 2015)

Signature, SHRT/SCHN _____

VISION SCREENINGS

Date	Grade	No Glasses		With Glasses		Spot Screener	LEA Cards	Sloan Charts	Color	Check One		Date Parent Notified	**Comments** Other Instruments, Signature, and Title Comment codes: (1) Forgot glasses (2) glasses broken (3) Glasses lost
		R	L	R	L					Pass	Refer		

HEARING SCREENINGS

Date	Grade	Check One		Audiometric Results	Date Parent Notified	**Comments** Include signature and title
		Pass	Fail			
		☐	☐	Right: _____ dB 1000 2000 4000 Hz Left: _____ dB		
		☐	☐	Right: _____ dB 1000 2000 4000 Hz Left: _____ dB		
		☐	☐	Right: _____ dB 1000 2000 4000 Hz Left: _____ dB		
		☐	☐	Right: _____ dB 1000 2000 4000 Hz Left: _____ dB		
		☐	☐	Right: _____ dB 1000 2000 4000 Hz Left: _____ dB		

ROUTINE PHYSICAL EXAM

DATE	GRADE	FOLLOW-UP NEEDED	
		YES	NO

ROUTINE DENTAL EXAM

DATE	GRADE	FOLLOW-UP NEEDED	
		YES	NO

MCPS

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HEALTH SCREENINGS, EXAMINATIONS AND EVALUATIONS

MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

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February 2019

State ID# _____ **SIDE 2**

Legal Name _____ _____ Student ID #_____ Birth Date____/____/____
Last *First* *Middle* *Any Other Name*

ADDITIONAL SCREENINGS:

School	Date	Grade	Additional Screenings	Pass	Fail	Date Parent Notified	Comments	Signature/Title

USE FOR COMMENTS ON HEALTH SCREENINGS (HEALTH ROOM VISITS, HEALTH APPRAISALS AND SCHN CASE MANAGEMENT ARE NOT RECORDED on this FORM—Use the SR-5a).

School	Date	Grade	COMMENTS	Signature/Title