| Ht. Wt. Measure-ment | | Vision R | Vision L | Puretone R | Puretone L | Imp R | Imp L | Dental Home at Enroll. | Dental Home end Enroll. | Dental Screen Priority Number | Dental Exam Date & DDS | Dental Tx/Com | Dental Prev | CONSENTS fluoride | CONSENTS transfer | CONSENTS Health Screen | emergency | portfolios | Special Needs | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | | | | | | | | | | | | | | | | | | | | |
| 2nd | | Recheck | | Recheck | | Referral | | | | | | | | | | | | | | |
| 1st | | | | | | | | | | | | | | | | | | | | |
| 2nd | | Recheck | | Recheck | | Referral | | | | | | | | | | | | | | |
| 1st | | | | | | | | | | | | | | | | | | | | |
| 2nd | | Recheck | | Recheck | | Referral | | | | | | | | | | | | | | |
| 1st | | | | | | | | | | | | | | | | | | | | |
| 2nd | | Recheck | | Recheck | | Referral | | | | | | | | | | | | | | |
| 1st | | | | | | | | | | | | | | | | | | | | |
| 2nd | | Recheck | | Recheck | | Referral | | | | | | | | | | | | | | |