

Healthroom

321 East 3rd Street, Bethlehem, PA 18015
phone (610) 868-2971 | fax (610) 868-1663

This form should be submitted directly to Lehigh Valley Charter High School for the Arts, 321 East 3rd St, Bethlehem, PA 18015; fax: 610 868 0351; nurse@charterarts.org

Student Information

Last Name _____ First Name _____ Middle Initial _____ Grade- _____ Date of Birth _____ Gender M F
 Student's Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP Code _____ Home Phone _____ Other Phone _____

Temp: _____ Pulse: _____ Resp: _____ BP: _____

Height _____ Weight _____ BMI: _____

Vision:

	Near:	Far:		
Right:				
Left:				

Corrective Lenses: Yes / No Were they worn for screening? _____ Referral to Ophthalmology? _____

Hearing Screening:

	250	500	1000	2000	4000	8000	P/F	Referral to ENT?
Right dB								
Left dB								

Physician's Signature **Printed** **Phone #** **Date of Exam**