

## Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

## Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL

SCREENER CONTACT INFORMATION IS R	EQUIRED

Parent/ Guardian Name:		Child's Name:				
first middle last		Data of Birth	first	middle Gender: DMa	last	
Parent/ Guardian Contact Informatio		Date of Birth:				
Daytime phone number: Evening phone number:		Child's Home Ad	ldress:			
Cell phone number:		street	city	state	zip code county	
			•	31010		
VISION Unable to screen (explain why below) Uses corrective lenses	HEARING Unable to screen (explain why below) Uses hearing aid / assistive device	DENTAL         Unable to screen (explain why below)         th         Normal appearance         Needs further evaluation         Emergency problem observed         Under professional care (explain below)         Screening completed by:         F visician         Initist         Initist         Registered Dental Hygienist         School Registered Nurse			NUTRITION         Unable to screen (explain why below)         Height:	
<ul> <li>Worn for testing</li> <li>Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)</li> <li>Needs further evaluation</li> <li>Under professional care (explain below)</li> <li>Screening completed by:         <ul> <li>Physician</li> <li>Local Health Department</li> <li>Optometrist</li> <li>"Prevent Blindness Georgia" employee</li> <li>School Registered Nurse</li> </ul> </li> </ul>	<ul> <li>Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB</li> <li>Needs further evaluation</li> <li>Under professional care (explain below)</li> <li>Unde</li></ul>			Height:       Weight:         BMI:       BMI%:         5 <sup>th</sup> to 84th percentile       - Appropriate for age         <5 <sup>th</sup> percentile       - Needs further evaluation         ≥ 85 <sup>th</sup> percentile       - Needs further evaluation         Under professional care (explain below)         Screening completed by:         Physician         Local Health Department         Registered Dietician         School Registered Nurse		
Screener's Signature Date I certify that this child has received the above screening. Contact Information:	Screener's Signature Date I certify that this child has received the above screening. Contact Information:	Screener's Signature Date I certify that this child has received the above screening. Contact Information:		Screener's I certify that above scree Contact Infe	this child has received the ening.	
FOR SCHOOL SYSTEM ONLY Follow up	p for further evaluation	Screeners' Comments:				
1 <sup>st</sup> attempt 2 <sup>nd</sup> attempt	Actions reported (if any)					
Vision						
Hearing						
Dental						
Nutrition						
Student support services initiated on:					DPH Form 3300 Rev. 2013	

## **Georgia Department of Public Health Form 3300**

Certificate of Vision, Hearing, Dental, and Nutrition Screening

*Who is required to file this Form 3300?* The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

- *What is the purpose of Form 3300?* Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.
- *What screenings are required?* Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licen ed speach-lang re patheogistion autoplocest, or a section registered nurse; the dental d der is de tal hypernie, or a school registered nurse; and the nutrition screening can be conjucted by a G broa lice s screening can be conducted eora n c ol registered names. It is not necessary that the same v a 🕻 lice se die ic person conduct all for screer hq

*What does "BMI" and "BMI%" mean?* "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens\_bmi/about\_childrens\_bmi.html

- *What should a parent do if the "needs further evaluation" box is checked?* "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.
- *What if a Form 3300 was previously filed for the child at another school?* It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.