

GREENVILLE AREA SCHOOL DISTRICT

9 Donation Road, Greenville, PA 16125
724-588-2500 FAX: 724-588-5024

MANDATED SCREENINGS

Student's Name: _____

Birthdate: _____ Grade: _____

The Pennsylvania School Health Act requires certain exams be given to school students, they include the following:

Growth and Vision	Grades: K - 12
Hearing	Grades: K - 3 rd , 7 th , and 11 and as necessary
Scoliosis	Grades: 6, 7

The screening tests are performed in the school during the school year. You will be notified if any concerns are found.
The school nurse will complete in designated grades or at your request, tests for vision, hearing, growth, and scoliosis.

Physical Exams are mandated in Grades: K; 7; 11

Physical exams will be completed by your private physician only.

Students require mandatory immunizations in grades K, 7, and 12th grades in order to be compliant with Pennsylvania State Law. Students who are not up-to-date on immunizations face the risk of being excluded from school. Please contact your physician and/or the school nurse for further guidelines.

Dental Exams Grades: K, 3, 7

The dental exams are recommended to be completed by your family dentist for a comprehensive exam.

The school dentist is available in the Spring of each school year to do a dental screening for your child and will then recommend treatment if necessary.

Please check your preference:

_____ I prefer to take my child to our family dentist for examination and will send the private dental exam form to the school.

_____ I request my child be examined by the school dentist.

Signature Parent/Guardian _____

Date: _____