



# Georgia Department of Public Health Form 3300

## 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 REQUIRED

PLEASE SEE THE INSTRUCTIONS  
ON THE BACK OF THIS FORM

Parent/ Guardian Name: \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
 Parent/ Guardian Contact Information: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_  
 Evening phone number: \_\_\_\_\_  
 Cell phone number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Child's Home Address: \_\_\_\_\_

street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_ county \_\_\_\_\_

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below) <b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse <b>Screeneer's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b> _____	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below) <b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse <b>Screeneer's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b> _____	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below) <b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse <b>Screeneer's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b> _____	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 <sup>th</sup> to 84 <sup>th</sup> percentile - Appropriate for age <input type="checkbox"/> < 5 <sup>th</sup> percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 <sup>th</sup> percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below) <b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse <b>Screeneer's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b> _____

FOR SCHOOL SYSTEM ONLY		Follow up for further evaluation
1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt	Actions reported (if any)
Vision		
Hearing		
Dental		
Nutrition		
Student support services initiated on: _____		
Screeners' Comments: _____		

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## 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 licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietitian or a school registered nurse. It is not necessary that the same person conduct all four screenings.

**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](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.