



**SAINT JAMES ELEMENTARY SCHOOL
30 PETERS PLACE RED BANK, NJ 07701**



Dear Parent/ Guardian,

Each year all schools, both public and private, are required to conduct health screenings as directed by the NJ Department of Health.

- Vision – grades - Kindergarten, 2nd, 4th, 6th, 8th
- Hearing – grades - Kindergarten, 1st, 2nd, 3rd, 7th
- Scoliosis – biennially for ages 10 thru 18
- Height/Weight / *Body Mass Index (BMI) and Blood Pressure – K thru 8th

*BMI determines whether a student is within a normal growth pattern, overweight, at risk for overweight, or underweight.

If your child is tested and the results for the particular test do not fall within the “normal range”, you will be notified by a phone call or letter with a recommendation that you take your child to a doctor or healthcare provider for an evaluation. Screenings are not for diagnostic purposes.

If you want your child to participate in the screenings for his/her grade, no action is required. To decline any of the screenings please indicate which of the screenings you are declining by initialing next to the ones you want to decline.

Please complete the bottom portion of this form indicating which of the screenings you do not want your child to participate in, sign, date and return the complete form to the Nurse’s office.

If you have any questions, please feel free to call the Nurse’s office at 732-741- 3363 ext. 148

Thank you for your-continued cooperation,
School Nurse

Student’s Name _____ **School Year** _____

Date of Birth _____ **Grade** _____

_____ **I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS.**

To be excluded from a screening please

INITIAL next to the screenings you do not want your child to participate in.

*All the screenings for my child’s grade _____

Blood Pressure _____

Height _____

Weight _____

Body Mass Index (BMI) _____

Hearing _____

Vision _____

Scoliosis _____

Parent/Guardian Signature Date