

# Student Health Assessment Report

## Student Information

Student Name:	.....	Date Of Assessment:	.....
Age:	.....	School Name:	.....
Gender:	.....	Grade:	.....
AssistHealth ID:	.....	Section	.....

## Vital Signs

Height:	.....	Cms	Temperature:	.....	°F
Weight:	.....	Kg	Pulse:	.....	BPM
BMI:	.....	Kg / M2	SpO2:	.....	%
			BP:	.....	MmHg

## Visual And Hearing Assessment

Vision	Right	Left	Comment:
	.....	.....	.....

Hearing Comments : .....

## Oral Health

☐ Normal

☐ Decayed

☐ Dental Strains

☐ Cross Bite

☐ Dentures

Any Other Dental Issues : .....

## Additional Comments

Any Other Comments : .....

Nurse Signature	School Health Doctor Signature	Parent/Guardian Signature
.....	.....	.....