

CONRAD WEISER AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

MANDATED HEALTH SCREENINGS

The following screenings are mandated by the Pennsylvania Department of Health. Screenings are not to be substituted for regular exams by your health care provider. The screenings are performed by the school nurse.

Height and Weight (BMI)

28 PA Code, Chapter 23.7 states “Height and weight measurement shall be conducted at least once annually...” Every effort shall be made to determine the pattern of growth for each child so that his weight and height can be interpreted in light of his own growth pattern rather than those of his classmates. Screening results will be available on the Skyward Parent Portal once they are completed.

Vision

28 PA Code, Chapter 23.4 states “Vision screening tests shall be conducted annually.” If a student does not pass the vision screening a referral notice will be sent home.

If you have a concern or suspect a vision problem, a comprehensive eye exam by an eye care professional is highly recommended

Hearing

28 PA Code, Chapter 23.5(d) states “Each year, pupils in kindergarten, grades one, two, three, seven and 11 shall be given a hearing screening test. If a student does not pass the hearing screening, a referral notice will be sent home.

If you have a concern, suspect a hearing problem, or your child has an existing hearing condition contact with your health care provider is recommended.

Scoliosis

28 PA Code, Chapter 23.10(b) states “A scoliosis screening test shall be administered to students in grade six and grade seven and to age-appropriate students in ungraded classes. The 6th grade scoliosis screening is generally done as part of the required physical examination. The purpose of the scoliosis screening is to detect any abnormal curvature of the spine. If a student does not pass the scoliosis screening a referral notice will be sent home_

What does a referral mean?

If you receive a referral form after any school screening or examination, it means that the screening or examination detected a possible problem and further evaluation by a professional health care provider is recommended. The referral form is to be completed by your private health care provider and returned to the school nurse.

MANDATED SCREENINGS BY GRADE

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12
Vision	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing	X	X	X	X				X				X	
Height/weight	X	X	X	X	X	X	X	X	X	X	X	X	X
BMI/BMI %ile	X	X	X	X	X	X	X	X	X	X	X	X	X
Scoliosis							X	X					