

Nutrition Screening

REQUIRED IN A GEORGIA PUBLIC SCHOOL

Name:

First / Middle / Last

Gender: Male Female

Home Address:

City State Zip Code County

SCREENING

Screening completed by:

- Unable to screen (explain why below)
Height:
BMI:
5th to 84th percentile - Appropriate for age
< 5th percentile - Needs further evaluation
> 85th percentile - Needs further evaluation
Under professional care (explain below)

NUTRITION

Screening completed by:

- Physician
Local Health Department
Registered Dietician
School Registered Nurse
Department Registered Nurse
Dental Hygienist
Registered Nurse

Signature

Date

I certify that this child has received the screening.

Screener's Signature

Date
I certify that this child has received the above screening.

Information:

Contact Information:

Comments: