

MARLBORO CENTRAL SCHOOL DISTRICT
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REFERRAL FORM

Dear Parent/Guardian

Date:

A recent health appraisal of your child _____
indicates a condition which we feel warrants more attention. Grade _____

We request a medical/professional evaluation for:

Eye Exam: R eye _____ L eye _____ failed vision screening

Broken/missing glasses:

Hearing: R ear _____ L ear _____ failed hearing screening

Failed spinal scoliosis screening

Elevated BMI (Body Mass Index, an indicator of possible obesity) BMI Value _____

Immunizations needed: DPT _____ MMR _____ Polio _____

Varicella _____ Tetanus booster _____ Hep B _____

Physical exam needed by NYS law: grade _____ new entrant _____

Physical exam findings from school exam: _____

Other: _____

The findings and medical evaluation should be recorded on the reverse of this sheet and forwarded to the health office as soon as possible. Please call the Health Office with any questions or concerns. _____

I understand the above and have taken/scheduled my child for an evaluation.

Parent/guardian signature _____ Date _____

To health care provider/examiner regarding:

Student _____ School _____

Eye exam: R eye _____ L eye _____

New glasses/contacts dispensed _____

Hearing evaluation _____

Scoliosis assessment: degree _____ X-ray ordered _____

Immunization update: _____ **please attach a copy**

PE: date _____ **please attach a copy**

Health issues: _____

Other: _____

Signature _____ Print name _____

Address/stamp _____ Date _____

Phone _____

Return form and PE/immunization record to:

- | | | |
|--------------------|----------|------------------------------|
| 1. Janine Beck | 236-5832 | Marlboro Elementary School |
| 2. Ann Marie Festa | 236-1637 | Marlboro Intermediate School |
| 3. Linda Bambaci | 565-9624 | Middle Hope Elementary |
| 4. Eileen Bowman | 795-2732 | Milton Elementary School |
| 5. Deborah Bleski | 236-5843 | Marlboro Middle School |
| 6. Midge McClure | 236-5808 | Marlboro High School |