



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

Parent/ Guardian Name: _____ first _____ middle _____ last _____
Parent/ Guardian Contact Information: _____
 Daytime phone number: _____
 Evening phone number: _____
 Cell phone number: _____

Child's Name: _____ first _____ middle _____ last _____
Date of Birth: ____/____/____ **Gender:** Male Female
Child's Home Address: _____ street _____ city _____ state _____ zip code _____ county _____

VISION
 Unable to screen (explain why below)
 Uses corrective lenses
 Worn for testing
 Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
 Needs further evaluation
 Under professional care (explain below)

Screening completed by:
 Physician
 Local Health Department
 Optometrist
 "Prevent Blindness Georgia" employee
 School Registered Nurse
Screeneer's Signature _____ **Date** _____
I certify that this child has received the above screening.
Contact Information: _____

HEARING
 Unable to screen (explain why below)
 Uses hearing aid / assistive device
 Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB HL
 Needs further evaluation
 Under professional care (explain below)

Screening completed by:
 Physician
 Local Health Department
 Audiologist
 Speech-Language Pathologist
 School Registered Nurse
Screeneer's Signature _____ **Date** _____
I certify that this child has received the above screening.
Contact Information: _____

DENTAL
 Unable to screen (explain why below)
 Normal appearance
 Needs further evaluation
 Emergency problem observed
 Under professional care (explain below)

Screening completed by:
 Physician
 Dentist
 Local Health Department Registered Nurse
 Registered Dental Hygienist
 School Registered Nurse
Screeneer's Signature _____ **Date** _____
I certify that this child has received the above screening.
Contact Information: _____

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

Screening completed by:
 Physician
 Local Health Department
 Registered Dietician
 School Registered Nurse
Screeneer's Signature _____ **Date** _____
I certify that this child has received the above screening.
Contact Information: _____

FOR SCHOOL SYSTEM ONLY			Follow up for further evaluation
1 st attempt	2 nd attempt	Actions reported (if any)	
Vision			
Hearing			
Dental			
Nutrition			
Student support services initiated on: _____			

Screeners' Comments: _____

DPH Form 3300 Rev. 2013

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screenings, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietitian or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.