

Albuquerque Public Schools
Student Assistance Team Health Record Review
Department of Nursing Services

Name: _____ DOB: _____ Student #: _____

Date student will be reviewed by Student Assistance Team: _____

School RN must be given 10 working days notice prior to the date of the SAT meeting.

To be completed by the School RN based on review of the student's Health Record:

Date Notice Received: _____

VISION STATUS

With Glasses () Without Glasses ()

DISTANCE VISION (Snellen or Equivalent) Visual Acuity: R 20/ L/20 PASS () FAIL ()

Comments: _____

NEAR VISION (NOTV or Equivalent) Visual Acuity: R20/ L/20 PASS () FAIL ()

Comments: _____

COLOR VISION Ishihara Color Block Matching PASS () FAIL ()

OTHER

(Specify): _____

HEARING STATUS

PURE TONE AUDIOMETRY: PASS () R () L FAIL () R () L PE Tubes R () L ()

Hearing Aids R () L ()

Comments: _____

PHYSICAL STATUS

Height: _____ %ile Weight: _____ %ile General health status: _____

HEALTH HISTORY

1. Does this student have a known medical diagnosis, disability or chronic health problem? Yes () No ()
If YES, explain: _____

2. Is this student taking any medication or receiving any medical treatment now? Yes () No ()

If YES, explain: _____

3. Does this student have a health or mental health condition that may impact his or her education?
Yes () No ()

If YES, explain: _____

School RN Signature _____ Date _____