

Health Screening Report

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a health screening report for [Student's Full Name], who is registering for [School Name] for the academic year [Insert Year].

Student Information

- Name: [Student's Full Name]
- Date of Birth: [Insert Date of Birth]
- Parent/Guardian Name: [Insert Name]

Health Screening Results

Height: [Insert Height]

Weight: [Insert Weight]

Vision Screening: [Insert Results]

Hearing Screening: [Insert Results]

Immunization Status: [Insert Status]

Medical History

[Insert any relevant medical history or conditions]

Recommendations

[Insert any recommendations for the school]

If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]