



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: KRISHNA SARANYA MORUMPUDI
first middle last

Child's Name: AISHOURYA ABHIRAM SURABHATTU
first middle last

Parent/ Guardian Contact Information:

Daytime phone number: 470-918-2713

Evening phone number: _____

Cell phone number: 470-918-2713

Date of Birth: 05/21/2017 Gender: Male Female

Child's Home Address:

1 ASHFORD GABLES DR 5 Atlanta GA 30338
street city state zip code county

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input checked="" type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input checked="" type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input checked="" type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) Height: <u>46.65</u> inc Weight: <u>44.13</u> lbs. BMI: <u>14.26</u> BMI%: <u>15</u> <input checked="" type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> < 5 th percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
<p>Screening completed by:</p> <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse			
<p><u>Gloria Berenson</u> 08/17/2022 Screeener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information: Gloria Berenson, MD 1428 Dunwoody Village Pkwy, Dunwoody, GA 30338</p>	<p><u>Gloria Berenson</u> 08/17/2022 Screeener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information: Gloria Berenson, MD 1428 Dunwoody Village Pkwy, Dunwoody, GA 30338</p>	<p><u>Gloria Berenson</u> 08/17/2022 Screeener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information: Gloria Berenson, MD 1428 Dunwoody Village Pkwy, Dunwoody, GA 30338</p>	<p><u>Gloria Berenson</u> 08/17/2022 Screeener's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information: Gloria Berenson, MD 1428 Dunwoody Village Pkwy, Dunwoody, GA 30338</p>

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