



Notification of Acanthosis Screening Results

Name: _____
Campus: _____

Date: _____
DOB: _____ ID #: _____
Grade: _____ Homeroom: _____

Dear Parents:

While observing the health of your child, the teacher and/or nurse have noted the following symptoms/signs we feel should be brought to your attention:

Our observations are as follows:

1st Blood Pressure: _____ 2nd Blood Pressure: _____ Acanthosis Nigricans Lesion Visible: Yes No

Height: _____ Weight: _____ Body Mass Index (BMI): _____ *(Please note the attached growth chart.)**

BMI Percentile-for-Age: _____ *(The "BMI percentile" compares children of the same gender and age.)*

BMI-for-age < 5th percentile	Underweight
BMI-for-age 85th percentile to < 95th percentile	At risk of overweight
BMI-for-age ≥ 95th percentile	Overweight

The State of Texas now mandates that school nurses screen and report evidence of Acanthosis Nigricans for 1st, 3rd, 5th, 7th and 9th graders and **any** other student at risk. Acanthosis Nigricans is a light brown-black, velvety, rough or thickened lesion of the surface of the skin. It is usually found around the neck, armpits, and over the knuckles. The purpose of this screening is to detect these markings in children. Acanthosis Nigricans is primary marker that may signal high insulin levels. High insulin levels and an increased BMI can lead to insulin resistance and Type 2 Diabetes.)

YOU SHOULD TAKE YOUR CHILD TO SEE A DOCTOR AND PRESENT THE DOCTOR WITH THIS NOTICE. THIS REFERRAL IS REQUIRED BY STATE LAW BASED ON OBSERVATIONS AND/OR MANDATED EXAMINATION OF YOUR CHILD THAT INDICATES SHE OR HE COULD BE SUFFERING FROM ONE OR MORE OF THE CONDITIONS NOTED ABOVE. SERIOUS HEALTH CONSEQUENCES COULD FOLLOW IF YOUR DOCTOR DOES NOT ADDRESS THESE MATTERS PROMPTLY.

This school system would appreciate comments from you or your doctor regarding these symptoms/signs. The information you provide will be helpful for the nurse and teacher to partner with you in serving your child.

Principal

Nurse

Parent's comments or Doctor's diagnosis, treatment and recommendations:

Signature of Parent/Guardian

Signature of Doctor