

**POMONA UNIFIED SCHOOL DISTRICT
Health Services & Programs**

VISION & HEARING WORKSHEET

Count _____ Record _____

Student _____

Teacher _____

Grade _____

Rescreen _____
Referral _____

Date: _____

School _____

VISION

Far point	R 20/	L 20/
Rescreen	R 20/	L 20/
With glasses	R 20/	L 20/
Near point	R 20/	L 20/

Comments/symptoms: _____

Last eye exam _____

COLOR: PASS FAIL
(Circle one)

HEARING

PASS RESCREEN
(Circle one)

Threshold #1 Date _____

#2 Date _____

R		L
_____	250	_____
_____	500	_____
_____	1000	_____
_____	2000	_____
_____	4000	_____
_____	8000	_____

R		L
_____	250	_____
_____	500	_____
_____	1000	_____
_____	2000	_____
_____	4000	_____
_____	8000	_____

Otoscopic _____

Known Problems _____

Rescreen _____
Failed _____
New/Old _____
Referral _____