



VISION AND HEARING FORM

2018 - 2019

Required for all students entering grades PK4, K, 1st, 3rd, and 5th.

Student's Last Name: _____

First Name: _____

Date of Birth
month/day/year

Grade
2018-2019

VISION SCREENING

Please state any parent/teacher/child concerns about vision _____

Right Eye 20/ _____ Left Eye 20/ _____ Passed _____ Failed _____ Follow-up _____

Comments _____

Signature of Screener _____ Date _____

HEARING SCREENING

Please state any parent/teacher/child concerns about hearing _____

Right Ear: Passed _____ Failed _____ Follow-up _____ Referred _____

Left Ear: Passed _____ Failed _____ Follow-up _____ Referred _____

Comments _____

Signature of Screener _____ Date _____