

**LAST NAME:**

**FIRST NAME:**

**MRN#**

**PLACE OF SCREENING:**

**CIRCLE ONE:** ANSI - # \_\_\_\_\_ ISO - # \_\_\_\_\_

**AUDIOMETER:**

**SCORING:** Child responds at 25 dB:  Child does not respond at 25 dB:

**DATE OF LAST CALIBRATION:**

**AGE:**

1st Screen      RIGHT      1000   2000   3000   4000  
 Date: \_\_\_\_\_ Ear      

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LEFT      1000   2000   3000   4000  
 Ear      

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2nd Screen      1000   2000   3000   4000  
 Date: \_\_\_\_\_ 

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1000   2000   3000   4000  

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Vision Test  
 Date: \_\_\_\_\_

	Right Eye	Left Eye
Without Glasses	20/	20/
With Glasses	20/	20/

Comments: \_\_\_\_\_  
 Referred To: \_\_\_\_\_  
 \_\_\_\_\_

**Signature & Title of Person Performing Test**

**DATE OF LAST CALIBRATION:**

**AGE:**

1st Screen      RIGHT      1000   2000   3000   4000  
 Date: \_\_\_\_\_ Ear      

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LEFT      1000   2000   3000   4000  
 Ear      

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2nd Screen      1000   2000   3000   4000  
 Date: \_\_\_\_\_ 

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1000   2000   3000   4000  

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Vision Test  
 Date: \_\_\_\_\_

	Right Eye	Left Eye
Without Glasses	20/	20/
With Glasses	20/	20/

Comments: \_\_\_\_\_  
 Referred To: \_\_\_\_\_  
 \_\_\_\_\_

**Signature & Title of Person Performing Test**

**DATE OF LAST CALIBRATION:**

**AGE:**

1st Screen      RIGHT      1000   2000   3000   4000  
 Date: \_\_\_\_\_ Ear      

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LEFT      1000   2000   3000   4000  
 Ear      

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2nd Screen      1000   2000   3000   4000  
 Date: \_\_\_\_\_ 

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1000   2000   3000   4000  

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Vision Test  
 Date: \_\_\_\_\_

	Right Eye	Left Eye
Without Glasses	20/	20/
With Glasses	20/	20/

Comments: \_\_\_\_\_  
 Referred To: \_\_\_\_\_  
 \_\_\_\_\_

**Signature & Title of Person Performing Test**