LAST NAME:				FIRST NAME:					MRN#				
PLACE OF SCREENING: AUDIOMETER:						CLE ONE:	ANSI - 6 ISO - 61 Child res		: 25 dF	B: <b> </b>			
	Child does not respond at 25 dB:												
DATE OF LA							GE:						
1st Screen Date:	RIGHT Ear	1000	2000	3000	4000	LEFT Ear		100	00 2	000	3000	4000	
2nd Screen Date:		1000	2000	3000	4000	]		100	00 2	000	3000	4000	
						]							
Vision Test Date:	Without	Right Eye		Left Eye		] (	Comments	:					
	Glasses With	20/		20/			`o:						
	Glasses	20/		20/			Signature & Title of Person Performing Test						
DATE OF LA	AST CALII	A	GE:										
1st Screen Date:	RIGHT	1000	2000	3000	4000	I	LEFT Ear	100	00	2000	3000	4000	
2nd Screen		1000	2000	3000	4000	]		100	00	2000	3000	4000	
Date:													
Vision Test Date:	Without	Right Eye		Left Eye			Comments	: _					
	Glasses 20/		0/			I	Referred T	`o: _					
	Glasses	20/		20/		5	Signature & Title of Person Performing Test						
DATE OF LA	A	GE:											
1st Screen Date:	RIGHT Ear	1000	2000	3000	4000	I	LEFT Ear	1000	2000	0	3000	4000	
2nd Screen		1000	2000	3000	4000	1	Γ	1000	2000	0 :	3000	4000	
Date:													
Vision Test		Right Eye		Left Eye		] (	Comments	::					
Date:	Without Glasses	20/		20/		 I	Referred To:						
	With Glasses	2	0/	2	0/		Signature & Title of Person Performing Test						