

LAST NAME:	FIRST NAME:	MRN#
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PLACE OF SCREENING:
AUDIOMETER:

CIRCLE ONE: ANSI - 69
ISO - 61

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

DATE OF LAST CALIBRATION:

1st Screen	RIGHT	1000	2000	3000	4000
Date: _____	Ear				

2nd Screen		1000	2000	3000	4000
Date: _____					

Vision Test		Right Eye	Left Eye
Date: _____			
	Without Glasses	20/	20/
	With Glasses	20/	20/

AGE:

LEFT	1000	2000	3000	4000
Ear				

LEFT	1000	2000	3000	4000
Ear				

Comments: _____

Referred To: _____

Signature & Title of Person Performing Test

DATE OF LAST CALIBRATION:

1st Screen	RIGHT	1000	2000	3000	4000
Date: _____	Ear				

2nd Screen		1000	2000	3000	4000
Date: _____					

Vision Test		Right Eye	Left Eye
Date: _____			
	Without Glasses	20/	20/
	With Glasses	20/	20/

AGE:

LEFT	1000	2000	3000	4000
Ear				

LEFT	1000	2000	3000	4000
Ear				

Comments: _____

Referred To: _____

Signature & Title of Person Performing Test

DATE OF LAST CALIBRATION:

1st Screen	RIGHT	1000	2000	3000	4000
Date: _____	Ear				

2nd Screen		1000	2000	3000	4000
Date: _____					

Vision Test		Right Eye	Left Eye
Date: _____			
	Without Glasses	20/	20/
	With Glasses	20/	20/

AGE:

LEFT	1000	2000	3000	4000
Ear				

LEFT	1000	2000	3000	4000
Ear				

Comments: _____

Referred To: _____

Signature & Title of Person Performing Test