

HEARING: Using 25 db <input checked="" type="checkbox"/> = Normal <input type="checkbox"/> = Abnormal						
	1000	2000	3000	4000	5000	6000
Right						
Left						
VISION: <input type="checkbox"/> With <input type="checkbox"/> Without Glasses						
Right Eye: ____ / ____ Left Eye: ____ / ____						
Both Eyes: ____ / ____						

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