

Free Hearing & Vision Screening (Grades pre - 3rd)

To assist the technician, please complete the following:

Please note: Any child that fails the hearing or vision screening will receive notification.

Screening Date: _____ Grade _____ Teacher _____

Student's legal name _____ Birthdate: _____

Parent Name _____ Phone: _____

Mailing Address: _____

Does your child have a SHUNT or ANY medically implanted devices? YES NO

Is your child currently under care for an ear infection/hearing loss? YES NO

If yes, please explain _____

Has your child ever had an eye exam? Date of last exam: _____ YES NO

Does your child have Amblyopia (lazy eye), Nystagmus, Ptosis or another permanent issue that is under care of an eye doctor? YES NO

If yes, please explain _____

Does your child wear glasses/contacts? YES NO

Condition of glasses: NEW GOOD BROKEN LOST

If you have any questions please call (269)926-7121 ext. 5293 for Melisa, ext. 5693 for Danielle or (269)684-2800 ext. 6525 Amber

HV-10 3/25/22

 Berrien County Printing

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