

Fentress County Coordinated School Health Vision & Hearing Screening

Name	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
School	Homeroom Teacher	Grade

Hearing

Date: _____ Wears Hearing Aids: Yes No

	Right					Left			
	20 db	25 db	30 db	35 db		20 db	25 db	30 db	35 db
1000 HZ					1000 HZ				
2000 HZ					2000 HZ				
4000 HZ					4000 HZ				

Pass: _____ Fail: _____ Rescreen: _____

Rescreen

Date: _____

	Right					Left			
	20 db	25 db	30 db	35 db		20 db	25 db	30 db	35 db
1000 HZ					1000 HZ				
2000 HZ					2000 HZ				
4000 HZ					4000 HZ				

Pass: _____ Fail: _____ Refer: _____

Vision(Titmus)

Date: _____ Wears Contacts/Glasses: Yes No

LEFT EYE

RIGHT EYE

Acuity-Far	Lens Lever at "Far"	4 out of 6 -PASS	Test Results		Rescreen	
Test #5	Right Eye	Toggle Switch toward Left	20/	20/		
Test #5	Left Eye	Toggle Switch toward Right	20/	20/		
Test for Excessive Farsightedness -Plus Lens-Far (insert Plus Lens Unit)			Pass	Fail	Pass	Fail
Test #5	Left Eye	Toggle Switch toward Right				
Test # 5	Right Eye	Toggle Switch toward Left				
(Withdraw Plus Lens Unit) A Reading of the 20/20 Line through Plus Lens = FAIL						
Muscle Balance Test Lens Lever at "FAR" Toggle Switch toward Left(explain sand box)			Pass	Fail	Pass	Fail
Test #6	Toggle Switch Centered	(Red Ball in SandBox "A" =Pass)				
Muscle Balance Test Lens Lever at "NEAR"			Pass	Fail	Pass	Fail
Test #6	Toggle Switch Centered	(Red Ball in SandBox "A" or "B"=Pass)				

Results	
Vision: _____ Pass _____ Referred	
Hearing: _____ Pass _____ Referred	
_____ Screener's Signature	