

VISION and HEARING SCREENING RECORD

Student Name: _____ Last _____ First _____ Middle _____ Birth Date: ____/____/____ mo day year

School: _____

DATE	Grade	VISUAL ACUITY						HEARING			COMMENTS	Initials			
		FAR			NEAR			Right	Left	Ref					
		GI	Left	Both	Right	GI	Left	Both	Right	Color			Ref		
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						
		20	20	20	20	20	20	20	20						