

Vision and Hearing Screening List

Class: _____ Date: _____
 School/Facility: _____ Grade: _____ Room: _____
 Teacher/Facilitator: _____ Location: _____

Name	VISION						HEARING						See Key
	Far		Near		Lens		R/L	500	1000	2000	3000	4000	
	Right	Left	Right	Left	w/	w/o		hz	hz	Hz	hz	hz	
Last, First													
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Key:

100 = Vision Referral
 102 = Hearing Referral
 112 = Vision Notice
 114 = Hearing Notice
 / = Passed

X = Failed
 AB = Absent
 CNT = Could Not Test
 DNT = Did Not Test
 R = Refused

SE = Special Ed.
 SRH = Special Referral (Hearing)
 SRV = Special Referral (Vision)
 WNL = Within Normal Limits