

Pediatric Hearing & Vision Screening Results Form

Child's Name: _____ D.O.B. _____ Facility: _____
Nombre de niño/niña Fecha de nacimiento Instalaciones

Hearing Screening (Formulario de Revision del los Oídos)

<p>Hearing Screening 1st Attempt OAE <input type="checkbox"/> Puretone <input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/> Pass or <input type="checkbox"/> Refer</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Right Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Left Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p> </td> </tr> </table> <p>Notes: _____ _____</p> <p>Screening Completed by: _____ Date: _____</p>	<p><u>Right Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p>	<p><u>Left Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p>	<p>2nd Attempt (If did not pass on first attempt, must rescreen in two weeks) OAE <input type="checkbox"/> Puretone <input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/> Pass or <input type="checkbox"/> Refer</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Right Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Left Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p> </td> </tr> </table> <p>Notes: _____ _____</p> <p>Screening Completed by: _____ Date: _____</p>	<p><u>Right Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p>	<p><u>Left Ear</u></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Unable to Condition</p>
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Dear Parent,

- ☐ Your child passed the hearing screening examination. (*Su niño/niña paso el examen de los oídos.*)
- ☐ It is recommended that your child's hearing be examined by your primary care physician/hearing practitioner. (*Es recomendable que su niño/niña sea examinado de los oídos por su médico primaria.*)

Signature of Designated Health Staff

Date

Vision Screening (*Revision de la Vision*)

<p>Vision 1st Attempt Snellen <input type="checkbox"/> Suresight <input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/> Pass or <input type="checkbox"/> Refer</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Right eye - 20/</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Left eye - 20/</p> </td> </tr> </table> <p>Notes: _____</p> <p>Screening Completed by: _____ Date: _____</p>	<p>Right eye - 20/</p>	<p>Left eye - 20/</p>	<p>2nd Attempt (If did not pass first attempt, must rescreen in two weeks) Snellen <input type="checkbox"/> Suresight <input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/> Pass or <input type="checkbox"/> Refer</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Right eye - 20/</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Left eye - 20/</p> </td> </tr> </table> <p>Notes: _____</p> <p>Screening Completed by: _____ Date: _____</p>	<p>Right eye - 20/</p>	<p>Left eye - 20/</p>
<p>Right eye - 20/</p>	<p>Left eye - 20/</p>				
<p>Right eye - 20/</p>	<p>Left eye - 20/</p>				

Dear Parent,

- ☐ Your child passed the vision screening examination. (*Su niño/niña paso el examen de los ojos.*)
- ☐ It is recommended that your child's eyes be examined by an eye/vision practitioner. (*Es recomendable que su niño/niña sea examinado de los ojos por un médico de ojos.*)

Signature of Designated Health Staff

Date