

## **Child & Family Services**



Tony Jordan, Executive Director

1100 H Street • Modesto CA 95354 • (209) 238-1800 • FAX (209) 238-4217

## Pediatric Hearing & Vision Screening Results Form

hild's Name:	D.O.BFacility:
	Hearing Screening
	nulario de Revision del los Oídos)
Consolina Consolina 4st Alleman	
Hearing Screening 1st Attempt OAE □ Puretone □	2nd Attempt (If did not pass on first attempt, must rescreen in two weeks)
	OAE Puretone
☐ Pass or ☐ Refer	□ Pass or □ Refer
Right Ear Left Ear	Right Ear Left Ear
□ Pass □ Pass	Pass Pass
☐ Refer ☐ Refer ☐ Unable to Condition ☐ Unable to Cond	Refer  Refer
D Offable to Condition D Offable to Cond	☐ Unable to Condition ☐ Unable to Condition
Notes:	Notes
Notes:	Notes:
Screening Completed by:Date:_	Screening Completed by:Date:
	camined by your primary care physician/hearing practitioner. (Es recomendable que
☐ Your child passed the hearing screening examinat	kamined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date
☐ Your child passed the hearing screening examinat ☐ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico	samined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)
☐ Your child passed the hearing screening examinat ☐ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico.  Signature of Designated Health Staff	camined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)
☐ Your child passed the hearing screening examinat ☐ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico.  Signature of Designated Health Staff  Vision 1st Attempt ☐ Pass or ☐ Re	camined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)
☐ Your child passed the hearing screening examinat ☐ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico ☐ Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt ☐ Pass or ☐ Re ☐ Respectively.	Tamined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer
☐ Your child passed the hearing screening examinat ☐ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico.  Signature of Designated Health Staff	Tamined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer
□ Your child passed the hearing screening examinat □ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt Snellen □ Suresight □  Right eye - 20/  Notes:	Tamined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer  Right eye - 20/  Notes:  Right eye - 20/
☐ Your child passed the hearing screening examinat ☐ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico ☐ Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt ☐ Pass or ☐ Re ☐ Respectively.	Tamined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer  Right eye - 20/  Notes:  Right eye - 20/
□ Your child passed the hearing screening examinat □ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt Snellen □ Suresight □  Right eye - 20/  Notes: Screening Completed by: □ Date	Tamined by your primary care physician/hearing practitioner. (Es recomendable que primaria.)  Date  Vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer  Right eye - 20/  Notes:  Right eye - 20/
□ Your child passed the hearing screening examinat □ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt Snellen □ Suresight □  Right eye - 20/  Notes: □ Date  Dear Parent,	Take vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer Right eye - 20/  Notes:  Screening Completed by: □ Date:
□ Your child passed the hearing screening examinat □ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt Snellen □ Suresight □  Right eye - 20/  Notes: □ Date	Take vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer Right eye - 20/  Notes:  Screening Completed by: □ Date:
□ Your child passed the hearing screening examinat □ It is recommended that your child's hearing be ex su niño/niña sea examinado de los oídos por su médico Signature of Designated Health Staff  Vision 1 <sup>st</sup> Attempt □ Pass or □ Re Snellen □ Suresight □  Right eye - 20/  Notes: □ Screening Completed by: □ Date  Dear Parent, □ Your child passed the vision screening examination	Take vision Screening (Revision de la Vision)  2nd Attempt (If did not pass first attempt, must rescreen in two weel Snellen □ Suresight □ □ Pass or □ Refer Right eye - 20/  Notes:  Screening Completed by: □ Date:

Distribution: White-Health File Yellow-Parent