

ON SITE SCREENING RESULTS

(To be kept in screening results file with impedance results)
Complete appropriate referral form if needed (H-7e & H- 7f)

MUST BE DOCUMENTED ON CF/H-7a FORM

FACILITY: _____ TEACHER: _____

COMPLETED BY: _____

Child's Name	DATE	VISION	DATE	PURETONE 25db								
				1000	2000	3000	4000	1000	2000	3000	4000	
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____ Rescreen		L ____	____	____	____	R ____	____	____	____	____
		L 20/____ R 20/____		L ____	____	____	____	R ____	____	____	____	____