MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

County Screening Location MEDICAID: Y N Number:

KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

CHILD'S NAME _____ Male Female DOB _____AGE _____
Name Used _____ School Attending _____
Primary Care Provider_____ Provider phone_____

PARENT/GUARDIAN'S NAME _____ Telephone _____ H/W/C
Address _____ City _____ Zip _____

BRIEF HISTORY

HEARING

1. Has your child been seen by a doctor for any ear problems? Y N
   Date of Exam _____ Doctor _____
2. Is your child on any cold or allergy medications? Y N
3. As a parent, do you have any concerns regarding your child's hearing? Y N

VISION

1. Has your child ever been examined by an eye doctor? Y N
   Date of Exam _____ Doctor _____
2. Has your child ever confused colors? Y N
3. When your child is ill or tired, do the eyes appear crossed or does one eye wander when looking at an object? Y N

DO NOT WRITE BELOW THIS LINE

HEARING SCREENING

Screening Pass Fail
Threshold Pass Fail
Audiogram

RESULTS

□ Pass
□ Refer
□ Under Care
□ Retest

VISION SCREENING

1. Visual Acuity/2-Line Difference (LEA Symbols Cards)

	20/40						20/25					
Both eyes	0	1	2	3	4	5 6						
Right eye	0	1	2	3	4	5 6	0	1	2	3	4	5 6
Left eye	0	1	2	3	4	5 6	0	1	2	3	4	5 6

2. Stereo Butterfly Pass Fail

3. Eye History Pass Fail

4. Symptom(s): _____ Pass Fail

RESULTS

□ Pass
□ Refer
  □ 2-Line
  □ 20/50
□ Symptom
□ Fail; no refer
□ Under Care
□ Permanent Difficulty
□ Retest

ATTENTION PARENT(S): Your child was given the health department hearing and vision screening tests:

Hearing
□ Passed
□ Failed (an examination by your local health department or your doctor is required)

Vision
□ Passed
□ Failed (an eye examination by an ophthalmologist or optometrist is required)

Please present this certificate when enrolling your child in school for the first time (Michigan Public Health Code; Act 368 or 1978). Retain this statement with other health records of your child.

_____
Child's Name Date of Screening Qualified Hearing/Vision Technician

_____
Health Department

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