

Health Department/County:

In Cooperation With
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

CLASS LIST

School _____ Grade(s) _____ Teacher _____

Children scheduled for hearing screening.

CHILD'S NAME	GRADE	ROOM #	CHILD'S NAME	GRADE	ROOM #
1.			25.		
2.			26.		
3.			27.		
4.			28.		
5.			29.		
6.			30.		
7.			31.		
8.			32.		
9.			33.		
10.			34.		
11.			35.		
12.			36.		
13.			37.		
14.			38.		
15.			39.		
16.			40.		
17.			41.		
18.			42.		
19.			43.		
20.			44.		
21.			45.		
22.			46.		
23.			47.		
24.			48.		