Sample CHDP Vision & Hearing Screening Results Form

Last Name: First Name:					MRN#						
PLACE OF SCREENING: OFFICE						SCORING: Child responds at 25 dB:					
AUDIOMETER MODEL:							Child does not respond at 25 db:				
									or roop on a	<u> </u>	
DATE OF LAST CALIBRATION:							AGE:				
1 st Screen		RIGHT EAR:				LEFT EAR:					
Date:		1000	2000	3000	4000	_	1000	2000	3000	4000	
2 nd Screen											
Date:		1000	2000	3000	4000		1000	2000	3000	4000	
				•							
Vision Screen Date: Comments:											
	Dight Fug	Loft Tue									
Without	Right Eye /	Left Eye				Referred To:					
Glasses With	/	/									
Glasses											
						Olesant as A Title					
~~~~~~~	~~~~~~~	~~~~~~	~~~~~~			Signature & Title	of Person Perfo	orming Test			
DATE OF LAST CALIBRATION:						AGE:					
1 st Screen		RIGHT EAR:					LEFT EAR:				
Date:		1000	2000	3000	4000		1000	2000	3000	4000	
2 nd Screen											
Date:		1000	2000	3000	4000		1000	2000	3000	4000	
				<u> </u>							
Vision Screen Date:						Comments:					
Without	Right Eye	Left Eye				Referred To:					
Glasses	,										
With Glasses	/	/									
						Signature & Title of Person Performing Test					