**Sumter County Schools Hearing and Vision Screening**

**Year 2019/20**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_

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| --- | --- |
| Vision\_\_\_ With glasses\_\_\_ Without glasses\_\_\_ Contact LensRight eye \_\_\_ passed \_\_\_ failedLeft eye \_\_\_ passed \_\_\_ failedBoth eyes\_\_\_ passed \_\_\_ failedExaminer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | HearingLeft ear \_\_\_ passed \_\_\_ failedRight ear \_\_\_ passed \_\_\_ failedExaminer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Second ScreeningRight eye \_\_\_\_\_\_\_\_\_\_Left eye \_\_\_\_\_\_\_\_\_\_\_Both eyes \_\_\_\_\_\_\_\_\_\_Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Second ScreeningLeft ear \_\_\_\_\_\_\_\_\_\_Right ear \_\_\_\_\_\_\_\_\_Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: | Comments: |