**Sumter County Schools Hearing and Vision Screening**

**Year 2019/20**

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

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

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| --- | --- |
| Vision  \_\_\_ With glasses  \_\_\_ Without glasses  \_\_\_ Contact Lens  Right eye \_\_\_ passed  \_\_\_ failed  Left eye \_\_\_ passed  \_\_\_ failed  Both eyes\_\_\_ passed  \_\_\_ failed  Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hearing  Left ear \_\_\_ passed  \_\_\_ failed  Right ear \_\_\_ passed  \_\_\_ failed  Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Second Screening  Right eye \_\_\_\_\_\_\_\_\_\_  Left eye \_\_\_\_\_\_\_\_\_\_\_  Both eyes \_\_\_\_\_\_\_\_\_\_  Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Second Screening  Left ear \_\_\_\_\_\_\_\_\_\_  Right ear \_\_\_\_\_\_\_\_\_  Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: | Comments: |