



FREE School Vision & Hearing Screening

To assist the technician, please complete the following:

Screening Date: _____ Grade: _____ Teacher: _____

Student's Legal Name _____ Birthdate _____

Parent Name/Mailing Address/Phone _____

Does your child have a SHUNT for hydrocephalus or any other medically implanted devices? YES NO

Is your child currently under care for an ear infection/hearing loss? YES NO

If yes, please explain: _____

Has your child **ever** had an eye exam? Date of last exam: _____ YES NO

When your child is ill or tired, do their eyes cross or one eye wander? YES NO

If yes, please explain: _____

Does your child wear glasses/contacts? YES NO

Condition of glasses: New Good Broken Lost

If you have any questions please call (269)926-7121 ext. 5292 Dawn, 5293 Melisa, or 5693 Danielle.

HV-10 7/15/21

Berrien County Printing



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