



## **FREE HEARING Screening**

**To assist the technician, please complete the following:**

**Please note:** Any child that fails the hearing screening will receive notification.

**Screening Date:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

Student's legal Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Does your child have a permanent hearing difficulty?  YES  NO

If yes, please explain \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Does your child have a SHUNT for hydrocephalus?  YES  NO

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

If yes, please explain \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

*If you have any questions please call (269)926-7121 ext. 5293 for Melisa, ext. 5693 for Danielle or (269)684-2800 ext. 6525 Amber*



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