Barry-Eaton District Health Department

KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

Child's Name	☐ Male ☐ Female	Date
Birthdate	Phone #	
Address	City, State, Zip	
School Attending	Medicaid #	

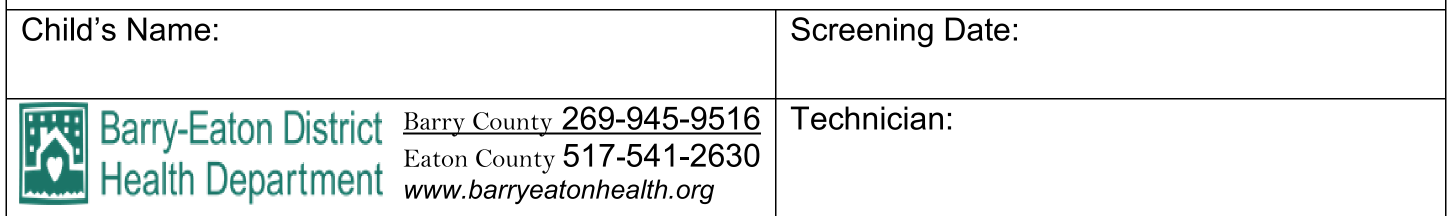
Hearing History	Yes	No	Vision History	Yes	No
Has your child seen a doctor for ear problems?	☐	☐	Has your child been examined by an eye doctor?	☐	☐
Is your child taking medication for a cold or allergies?	☐	☐	Does your child confuse colors?	☐	☐
Do you have concerns about your child's hearing?	☐	☐	When your child is ill or tired, do their eyes appear crossed or does one eye wander when looking at an object?	☐	☐

Do Not Write Below This Line

HEARING SCREENING Preliminary Screening Audiogram/AOE (Ero Scan)	RESULTS ☐ Pass ☐ Fail ☐ Pass ☐ Right Ear ☐ Left Ear ☐ Under Care ☐ Fail ☐ Right Ear ☐ Left Ear ☐ UTS
VISION SCREENING Visual Acuity/2-Line Difference (LEA Symbols) 20/40 — 20/25 Both Eyes: 0 1 2 3 4 5 6 Right Eye: 0 1 2 3 4 5 6 — 0 1 2 3 4 5 6 Left Eye: 0 1 2 3 4 5 6 — 0 1 2 3 4 5 6 Stereo Butterfly: Eye History: ______ Symptom(s): ______	RESULTS ☐ Pass ☐ Fail ☐ Right Eye ☐ Left Eye ☐ 2-Line Difference ☐ 20/50 ☐ FNR/Permanent Difficulty ☐ UTS ☐ Pass ☐ Fail ☐ UTS ☐ Pass ☐ Fail ☐ N/A ☐ Pass ☐ Fail

Parents/Guardians: *Please present this certificate of hearing and vision screening when enrolling your child for kindergarten. This is a requirement of the Michigan Public Health Code, Act 368 of 1978 and the Revised School Code of 1976. Retain a copy for your health records.*

Hearing	Vision
☐ Pass	☐ Pass
☐ Fail (exam by physician required)	☐ Fail (exam by eye care professional required)



Child's Name:	Screening Date:
Barry-Eaton District Health Department Barry County 269-945-9516 Eaton County 517-541-2630 www.barryeatonhealth.org	Technician: