**Corinth District**

**HEARING/VISION SCREENING RESULTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | Grade: |  |
| School: |  | SY: |  |

1. **HEARING SCREENING**

|  |  |  |
| --- | --- | --- |
|  | **1ST Screening** | **2nd Screening** |
| Pass  Fail | Pass  Fail |
| **Examiner** |  |  |
| **Date** | /  / | /  / |

Parent Notified in case of failure:  YES  NO Date:   /  /

Parental Action Taken:

1. **VISION SCREENING**

|  |  |  |
| --- | --- | --- |
|  | **1ST Screening** | **2nd Screening** |
| **Screened wearing glasses** | Yes  No | Yes  No |
| **Right Eye (far vision)** |  |  |
| **Left Eye (far vision)** |  |  |
| **Both Eyes** |  |  |
| **Overall Far vision** | Pass  Fail | Pass  Fail |
|  |  |  |
| **Overall near vision** | Pass  Fail | Pass  Fail |
| **Examiner** |  |  |
| **Date** | /  / | /  / |

Parent Notified in case of failure:  YES  NO Date:   /  /

Parental Action Taken: