**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: