

LAST NAME:

FIRST NAME:

MRN#

PLACE OF SCREENING:
AUDIOMETER:

CIRCLE ONE: ANSI - 69
ISO - 61

SCORING: Child responds at 25 dB:

Child does not respond at 25 dB:

DATE OF LAST CALIBRATION:

1st Screen RIGHT 1000 2000 3000 4000
 Date: _____ Ear

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2nd Screen 1000 2000 3000 4000
 Date: _____

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Vision Test		Right Eye	Left Eye
Date: _____	Without Glasses	20/	20/
	With Glasses	20/	20/

AGE:

LEFT 1000 2000 3000 4000
 Ear

--	--	--	--

 1000 2000 3000 4000

--	--	--	--

Comments: _____

Referred To: _____

Signature & Title of Person Performing Test

DATE OF LAST CALIBRATION:

1st Screen RIGHT 1000 2000 3000 4000
 Date: _____ Ear

--	--	--	--

2nd Screen 1000 2000 3000 4000
 Date: _____

--	--	--	--

Vision Test		Right Eye	Left Eye
Date: _____	Without Glasses	20/	20/
	With Glasses	20/	20/

AGE:

LEFT 1000 2000 3000 4000
 Ear

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 1000 2000 3000 4000

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Comments: _____

Referred To: _____

Signature & Title of Person Performing Test

DATE OF LAST CALIBRATION:

1st Screen RIGHT 1000 2000 3000 4000
 Date: _____ Ear

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2nd Screen 1000 2000 3000 4000
 Date: _____

--	--	--	--

Vision Test		Right Eye	Left Eye
Date: _____	Without Glasses	20/	20/
	With Glasses	20/	20/

AGE:

LEFT 1000 2000 3000 4000
 Ear

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 1000 2000 3000 4000

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Comments: _____

Referred To: _____

Signature & Title of Person Performing Test