

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

County _____

Screening Location _____

MEDICAID: Y N Number: _____

KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

CHILD'S NAME _____ Male Female DOB _____ AGE _____
 Name Used _____ School Attending _____
 Primary Care Provider _____ Provider phone _____

PARENT/GUARDIAN'S NAME _____ Telephone _____ H/W/C
 Address _____ City _____ Zip _____

BRIEF HISTORY**HEARING**

1. Has your child been seen by a doctor for any ear problems? Y N
 Date of Exam _____ Doctor _____
 2. Is your child on any cold or allergy medications? Y N
 3. As a parent, do you have any concerns regarding your child's hearing? Y N

VISION

1. Has your child ever been examined by an eye doctor? Y N
 Date of Exam _____ Doctor _____
 2. Has your child ever confused colors? Y N
 3. When your child is ill or tired, do the eyes appear crossed or
 does one eye wander when looking at an object? Y N

DO NOT WRITE BELOW THIS LINE**HEARING SCREENING**

Screening Pass Fail
 Threshold Pass Fail
 Audiogram

RESULTS

- ☐ Pass
☐ Refer
☐ Under Care
☐ Retest

VISION SCREENING

1. Visual Acuity/2-Line Difference (LEA Symbols Cards)

	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

2. Stereo Butterfly Pass Fail

3. Eye History Pass Fail

4. Symptom(s): _____ Pass Fail

RESULTS

- ☐ Pass
☐ Refer
☐ 2-Line
☐ 20/50
☐ Symptom
☐ Fail; no refer
☐ Under Care
☐ Permanent
 Difficulty
☐ Retest

ATTENTION PARENT(S): Your child was given the health department hearing and vision screening tests:

Hearing

- ☐ Passed
☐ Failed (an examination by your local health department
 or your doctor is required)

Vision

- ☐ Passed
☐ Failed (an eye examination by an ophthalmologist
 or optometrist is required)

Please present this certificate when enrolling your child in school for the first time (Michigan Public Health Code; Act 368 or 1978). Retain this statement with other health records of your child.

Child's Name _____

Date of Screening _____

Qualified Hearing/Vision Technician _____

Health Department

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