

ESCAMBIA COUNTY PUBLIC SCHOOLS
Student Services
30 East Texar Drive,
Pensacola, FL 32503

VISION / HEARING SCREENING REQUEST

Student's Legal Name: (Last, First, Middle)

DOB:

Student Number:

Grade: Teacher: Form to be returned to: Date Requested: Date Received by Clinic Staff:

VISION SCREENING RESULTS: Has parent given written consent? Yes ___ No ___ Written consent is required.

Date: _____

Examiner: _____

Does the student wear glasses? Yes ___ No ___

Does the student wear contacts? Yes ___ No ___

Screened with glasses/contacts? Yes ___ No ___

Snellen: Right ___ Left ___ Pass ___ Fail ___

Near Point: Right ___ Left ___ Pass ___ Fail ___

Stereo: Pass ___ Fail ___

Spot Vision Screening Results: Pass ___ Fail ___

Comments: _____

Recommend Rescreen by RN: Yes ___ No ___

RESCREENING BY RN RESULTS:

Date: _____

Examiner: _____

Snellen: Right ___ Left ___ Pass ___ Fail ___

Near Point: Right ___ Left ___ Pass ___ Fail ___

Stereo: Pass ___ Fail ___

SPOT Vision: Pass ___ Fail ___

Referred to: _____ Date: _____

(If student has private vision exam, attach copy of results.)

Pass/Fail Criteria for Vision:

Snellen Results:

Ages 3-5 years old: 20/40 = Pass; 20/50 = Fail

Age 6 and older: 20/30 = Pass; 20/40 = Fail

Stereo Results:

Ages 3-5 years old: See fly or 2 of 3 animals = Pass

Age 6 and older: 6 of 9 circles = Pass

Near Point Results:

Ages 3-5 years old: 20/40 = Pass; 20/50 = Fail

Age 6 and older: 20/30 = Pass; 20/40 = Fail

Spot Vision Screener Results:

All Measurements in Range = Pass

Complete Eye Exam Recommended = Fail

Does the student wear glasses/contacts? Yes ___ No ___

Screened with glasses/contacts? Yes ___ No ___

Comments: _____

HEARING SCREENING RESULTS: Has parent given written consent? Yes ___ No ___ Written consent is required.

Date: _____

Examiner: _____

Right Ear: Pass ___ Fail ___

Left Ear: Pass ___ Fail ___

Comments: _____

Recommend Rescreen by RN: Yes ___ No ___

Referred to: _____ Date: _____

RESCREENING RESULTS:

Date: _____

Examiner: _____

Right Ear: Pass ___ Fail ___

Left Ear: Pass ___ Fail ___

Comments: _____

Referred to: _____ Date: _____

(If student receives audiological evaluation, attach copy of results.)

Pass/Fail Criteria for Hearing for all ages:

dB at 1000, 2000 and 4000 Hz = Pass

(25 dB may be used for Pass if room is not quiet) 30+ dB at any frequency = Fail