STUDENT HEALTH RECORD - Middletown Christian Schools

VISION SCREENING (TEST WITH GLASSES IF WORN)

Date	Grade	Visual Acuity			Plus Lens	M.B.	Color
Date		Right	Left	Both	Flus Lelis	MI.D.	Color
	K						
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						

Date:	Suspected:	
Referred to Eye Doctor:	Completed Refe	erral:
Name Casas		

HEARING TESTS AUDIOGRAMS (Screening Results)

Date	Right Ear				Left Ear							
	250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000
Referred f	or Hea	aring L	LOSS					Yes_		N	No	1
Under Treatment for Hearing Problem						YesNo						
Hearing Problem Corrected					YesNo							
Student has Permanent Hearing Loss					Yes No							
	Righ	t Ear_					Left I	Ear				
	•				SPI	EECH						
Does the s	student	have	a spee	ch pro	blem?			Yes		N	Vо	
					SPE	CIFY						
\underline{Gr} . \underline{Ht} .	<u>Wt</u> .	9	Gr.	Ht.	<u>Wt</u> .	<u>Gr</u> .	<u>Ht</u> .	$\underline{\mathbf{W}}\mathbf{t}$.		<u> 3r</u> . <u>I</u>	<u>It</u> . <u>'</u>	<u>Wt</u> .

NAME OF STUDENT	
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	Notes:	P – Principal / T – Teacher / N - Nurse Ps – Psychologist / Dr. – Doctor
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