

Certificate of Record for
Vision Screen and/or Eye Examination and Hearing Screening

Child's Name: _____

Date of Birth: _____

Date of Exam: _____

Vision:

Right: 20/____ Left: 20/____ __PASS / __FAIL

__With correction __Without correction

__Suresight / __Snellen / __Titmus

Hearing:

	500Hz		1000Hz		2000Hz		4000Hz
Right:							
Left:							

25db HL

40 db HL

__Pass / __Fail

Rescreen recommended: __Yes / __No

Physician/Screeener Name: _____

Physician/Screeener Signature or stamp: _____

Date: _____