

School Vision & Hearing Screening

Screening date: _____ Grade _____ Teacher _____

The Berrien County Health Department will be screening vision and/or hearing at your child's school on _____.

To help with the screening please complete the following: Student's name _____ Birth date: _____

Has your child ever had an eye exam by an Optometrist or Ophthalmologist? _____

Doctor's name: _____ Date of exam: _____

Does your child wear glasses? _____ contacts? _____

Condition of glasses: New _____ Good _____ Broken _____ Lost _____

Is your child currently under care for an ear infection/ hearing loss? _____

Who is your child's ear doctor? _____

Parent/Guardian name: _____ Tel. # _____

Mailing address: _____

Thank you for completing this form. If you have any concerns about your child having their vision or hearing screened please call 269-926-7121 ext. 5293.

School Vision & Hearing Screening

Screening date: _____ Grade _____ Teacher _____

The Berrien County Health Department will be screening vision and/or hearing at your child's school on _____.

To help with the screening please complete the following: Student's name _____ Birth date: _____

Has your child ever had an eye exam by an Optometrist or Ophthalmologist? _____

Doctor's name: _____ Date of exam: _____

Does your child wear glasses? _____ contacts? _____

Condition of glasses: New _____ Good _____ Broken _____ Lost _____

Is your child currently under care for an ear infection/ hearing loss? _____

Who is your child's ear doctor? _____

Parent/Guardian name: _____ Tel. # _____

Mailing address: _____

Thank you for completing this form. If you have any concerns about your child having their vision or hearing screened please call 269-926-7121 ext. 5293.