

**Berrien County Health Department**  
**Hearing and Vision Room List**  
**3<sup>rd</sup> Grade Students**

School: \_\_\_\_\_

Room Number/Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Technician: \_\_\_\_\_

1	Name of Student (Please Print)		Glasses ?	Vision Results	Rescreen	Hearing Results	Comments
	Last	First					
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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14							
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16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

**Key for Recording Vision and Hearing Results on CA-60**  
**Result: O=Normal      R=Referred      FNR=Failed Not Referred**