

Berrien County Health Department

Vision Room List 5th/7th/9th Grades

School: _____

Room Number/Teacher: _____

Date: _____

Technician: _____

1	Name of Student (Please Print)			26	27	Name of Student (Please Print)			32	33
	Last,	First	Classes ?			Rescreen	Last,	First		
2										
3										
4										
5										
6										
7										
8										
9										
10										
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22										
23										
24										
25										

Key for Recording Vision and Hearing Results

Result: P=Pass/BLK/BLUE R=Referred/RED PD=Permanent Difficult UTS=Unable to Screen