

# CHILD HEALTH SCREENING RECORD

Child's Name \_\_\_\_\_

Center \_\_\_\_\_

Screener's Name \_\_\_\_\_

**HEARING** (Check type of screening performed)      **SCREENING DATE** \_\_\_\_\_

\_\_\_\_\_ **AuDx Hearing Test System**

\_\_\_\_\_ **Otitis Media Detector**

Right ear    \_\_\_ pass    \_\_\_ refer

Right ear reading \_\_\_\_\_    \_\_\_ pass    \_\_\_ refer

Left ear    \_\_\_ pass    \_\_\_ refer

Left ear reading \_\_\_\_\_    \_\_\_ pass    \_\_\_ refer

\_\_\_\_\_ **Puretone Audiometry**

Right ear    \_\_\_ pass    \_\_\_ fail

Left ear    \_\_\_ pass    \_\_\_ fail

<b>HEARING LEVEL IN DECIBELS (re: ANSI 1969)</b>						
	500	1000	2000	4000	6000	
-10						
0						
10						
20						
30						
40						
50						
60						
70						

**X = left**  
**0 = right**

**OVERALL HEARING SCREENING RESULT**

\_\_\_\_\_ pass

\_\_\_\_\_ refer to doctor

\_\_\_\_\_ rescreen

**VISION** (Check type of screening performed)      **SCREENING DATE** \_\_\_\_\_

\_\_\_\_\_ **MTI photoscreener**

\_\_\_\_\_ **Stereo Test**

\_\_\_\_\_ **Picture Chart**

\_\_\_\_\_ pass

\_\_\_\_\_ pass

\_\_\_\_\_ both

\_\_\_\_\_ refer

\_\_\_\_\_ refer

\_\_\_\_\_ left

\_\_\_\_\_ rescreen

\_\_\_\_\_ rescreen

\_\_\_\_\_ right

**OVERALL VISION SCREENING RESULT**

\_\_\_\_\_ pass

\_\_\_\_\_ refer to doctor

\_\_\_\_\_ rescreen

**REFERRED TO**

\_\_\_\_\_ **DOCTOR FOR EARS**

\_\_\_\_\_ **DOCTOR FOR EYES**

\_\_\_\_\_ **OTHER** \_\_\_\_\_

**HEALTH RESULTS TO PARENT**    \_\_\_\_\_ YES    \_\_\_\_\_ NO