



Child's Name: _____ Birthdate: _____

VISION AND HEARING REQUIREMENTS:

The State of Texas requires that any child over the age of 4 be given a vision and hearing screening that must be kept on file at the school. This may be done by your doctor/health care professional or at the screening location of your choice. The results may be submitted on our form or theirs.

Hearing Test:

HZ 1000 2000 4000 Pass/Fail

Right Ear:

Left Ear:

Vision Test:

Right eye: 20/____ **Left Eye:** 20/____ Pass/Fail

Signature of Health Care Professional

Date

Printed Name

Phone Number

Address