

MONROE COUNTY HEALTH DEPARTMENT HEARING AND VISION SERVICES

FORM COMPLETION FOR PRE-SCHOOL PROGRAMS

ALL CHILDREN SCREENED NEED TO BE AT LEAST 3 YEARS OF AGE

AS A REMINDER THERE MUST BE A MINIMUM OF 15 STUDENTS PER CLASS SESSION

If you are unable to meet these requirements please contact our office at (734) 240-7856.

1. Forms labeled **PRE-KINDERGARTEN HEARING AND VISION RECORD**

Please send this form home one week before the screening date so that the health information is current. The forms need to be returned to you by the screening date.

- a) Have parents complete the information at the top and the hearing and vision questions that follow below.
- b) Give completed forms to technicians the day of testing.

2. Forms labeled **VISION CLASS LIST REPORT & HEARING CLASS LIST**

- a) List names of children in each class. Please keep AM & PM classes separate.
- b) **Make one additional copy of each list.** This copy will be left at your school for your record of the children's screening results.
- c) Give all lists to technicians on test day.

3. Changes in **Pre-School Screening**

NOTE:

“Any child with an implanted medical device (e.g. digitally programmable shunts, pacemakers, Baclofen pumps, Vagus Nerve Stimulators, etc.) will not have a hearing screening due to the possibility of electromagnetic interference from the magnets in the audiometer headphones.”

**MONROE COUNTY HEALTH DEPARTMENT
HEARING AND VISION SERVICES**

FORM COMPLETION FOR KINDERGARTEN ROUND UP

AS A REMINDER THERE MUST BE A MINIMUM OF 15 CHILDREN

If you are unable to meet these requirements please contact our office at (734) 240-7856.

1. Forms labeled **PRE- KINDERGARTEN HEARING AND VISION RECORD**

These forms need to be returned to you on or by the screening date.

- a) Have parents complete the information at the top and the hearing and vision questions that follow below.
- b) Give completed forms to technicians the day of testing.

NOTE:

“ Any child with an implanted medical device(e.g. digitally programmable shunts, pacemakers, Baclofen pumps, Vagus Nerve Stimulators, etc.) will not have a hearing screening due to the possibility of electromagnetic interference from the magnets in the audiometer headphones.”

**Michigan Department of Community Health
Division of Family & Community Health
Hearing Screening Program**

Class List

School _____ Grade(s) _____

Children scheduled for hearing screening

CHILD'S NAME		CHILD'S NAME	
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

Hearing Technician Signature

Date

**MONROE COUNTY HEALTH DEPARTMENT
HEARING AND VISION SERVICES**

VISION CLASS LIST REPORT

SCHOOL _____ **GRADE** _____ **ROOM** _____ **TEACHER** _____

- | | |
|--|---|
| 1. List names of children to be screened for vision. | 3. Give to screening technician |
| 2. Make a duplicate copy. | 4. Record results in school health records. |

NAME	GI./C	P	NR/R	NAME	GI./C	P	NR/R
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			

GI: Wears Glasses	NR: Failed, not referred to Dr.
C: Wears Contacts	R: Referred to Dr.
P: Passed	

Screening Dates _____

Technician _____