

# MONROE COUNTY HEALTH DEPARTMENT

## VISION SERVICES

### **DIRECTIONS FOR USE AND COMPLETION OF TEST MATERIALS**

1. Forms labeled **VISION CLASS LIST REPORT**:
  - a. Complete one form for each 9<sup>th</sup> grade class.
  - b. Make a photocopy of each list for each technician listed on the SCREENING MEMO.
  
2. **When computer class lists are used, the information highlighted on the attached Vision Class List Report will need to be added for our use. Please double space between each student name when using a computer class list.**

**NOTE:** \*Technician time is used more efficiently when space for the testing is planned prior to test day. \* If students could be called down alphabetically this would avoid down time for our technicians and expedite the screening process.

**\*\*** In order to protect the health and safety of our technicians we may request that your student wear a mask during the hearing and vision screening if it is determined by the technician to be necessary due to the fact that proper social distancing is not possible. Our technicians will bring disposable masks for the student to use in the event that they need one and do not have their own. Our technicians will wear a face covering and follow recommended protocol for social distancing, sanitization and disinfection of equipment.

**THANK YOU FOR YOUR CONTINUED ASSISTANCE.**

Hearing and Vision Services  
734-240-7856

TO: PARENTS OF CHILDREN IN MONROE COUNTY SCHOOLS  
FROM: MONROE COUNTY HEALTH DEPARTMENT: HEARING AND VISION SERVICES  
DATE: SCHOOL YEAR 2022-2023  
SUBJECT: HEARING AND VISION SCHOOL SCREENING INFORMATION

- Your school district works in partnership with Monroe County Health Department to provide hearing and vision screening for students. Children are tested according to the following schedule in school:

Hearing: Y<sup>5</sup>, K, 2, 4, (or age equivalents when a child is in special education), known losses and referrals.

Vision: 1, 3, 5, 7, 9, (or age equivalents when a child is in special education) and referrals.

- Students in grades K through 5 who are scheduled or referred for vision screening, will bring home a form asking for information about their eye care history. Please complete the form and return it to your child's teacher. This will give technicians the information necessary to make an appropriate referral if your child is unable to pass the screening.
- Parents who prefer that their child **not** have the screening are asked to contact the Hearing and Vision office of the Monroe County Health Department (240-7856).
- Only children who are unable to pass the screening will be given a letter to take home to parents with information regarding recommendations. All screening results may be obtained at the school or the Hearing and Vision office.
- To comply with the Michigan Department of Health and Human Services guidelines, an appointment for free screening will be provided at the Monroe County Health Department for:
  1. High school or junior high students who need a hearing test
  2. Students who are absent on day of screening
  3. Hearing or vision referrals that take place after school screening has been completed

To make that appointment, please call the Hearing and Vision Office (734-240-7856).

“ 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**

**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 \_\_\_\_\_