

Berrien County Health Department
Hearing and Vision Room List
5th/7th/9th Grades

School: _____

Room Number/Teacher: _____

Date: _____

Technician: _____

	Name of Student (Please Print)			Glasses ?	Vision Results	Rescreen		Name of Student (Please Print)			Glasses ?	Vision Results	Rescreen
	Last,	First						Last,	First				
1							26						
2							27						
3							28						
4							29						
5							30						
6							31						
7							32						
8							33						
9							34						
10							35						
11							36						
12							37						
13							38						
14							39						
15							40						
16							41						
17							42						
18							43						
19							44						
20							45						
21							46						
22							47						
23							48						
24							49						
25							50						

Key for Recording Vision and Hearing Results on CA-60

Result: O=Normal R=Referred FNR=Failed Not Referred