

**Berrien County Health Department
Hearing and Vision Room List**

School: _____

Teacher: _____

Date: _____

Technician: _____

Grade & Room Number: _____

	Name of Student (Please Print)		Glasses ?	Vision Results	Rescreen	Hearing Results	Comments
	Last,	First					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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19							
20							
21							
22							
23							
24							
25							

**Key for Recording Vision and Hearing Results on CA-60
Result: O=Normal R=Referred FNR=Failed Not Referred**