

Berrien County Health Department
Hearing and Vision Room List
3rd Grade Students

School: _____

Room Number/Teacher: _____

Date: _____

Technician: _____

1	Name of Student (Please Print)		Glasses ?	Vision Results	Rescreen	Hearing Results	Comments
	Last,	First					
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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16							
17							
18							
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