

CALVARY CHAPEL ACADEMY PRELIMINARY VISION AND HEARING SCREENING

Calvary Chapel Academy is pleased to offer vision and hearing screening to your child at **no cost to you**. This is a **preliminary** screening only and **does not take the place of an exam by a licensed professional**.

Name _____

Birthdate _____ Grade _____ Teacher _____

Parent Name(s) _____

Phone Number _____

Please check the screening(s) you want given: _____ Vision screening _____ Hearing screening

Parent Signature _____

SCREENING RESULTS: READING: **IF 20/40 or higher with either eye, refer.**

DATE OF TEST

| | | |
|--|--|--|
| | | |
|--|--|--|

VISION:

| W/ GLASSES | | W/O GLASSES | | PASS | | REFER | |
|------------|--------|-------------|--------|------|--|-------|--|
| RT EYE | LT EYE | RT EYE | LT EYE | | | | |
| 20/ | 20/ | 20/ | 20/ | | | | |

| | | | |
|--------------------------|------|-------|------------------------------|
| | | | |
| PLUS Lens | Pass | Refer | ACCOMODATIVE FACILITY |
| | | | |
| VERGENCE FACILITY | Pass | Refer | |
| | | | |

HEARING:

| | |
|---------------|---------------|
| | |
| RT EAR | LT EAR |
| PASS | REFER |
| | |
| PASS | REFER |
| | |

COMMENTS: _____

SCREENING COMPLETED BY _____