THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Student Services 30 East Texar Drive,

Pensacola, FL 32503 Phone: (850) 469-5382

## VISION / HEARING SCREENING REQUEST

Student's Legal Name: (Last, First, Middle)			DOB: Student Number:			
Grade:	Teacher:	Form to b	pe returned to:	Date Requested:	Date Received by Clinic Staff:	
VISION SCREENING RESULT	S: Has parent given writ	ten conse	nt? Yes No	_ Written conser	it is required.	
Date:						
Examiner:			<u>Pas</u>	ss/Fail Criteria for	r Vision:	
Does the student have a Healthcare Plan? Yes No		lo	Snellen Results: Ages 3-5 years old: 20/40 = Pass; 20/50 = Fail Age 6 and older: 20/30 = Pass; 20/40 = Fail Stereo Results:			
Does the student wear glasses? Yes N						
Does the student wear contacts? Yes						
Screened with glasses/contacts					ee fly or 2 of 3 animals = Pass	
	eft Pass F		Ago	e 6 and older: 6 of	9 circles = Pass	
Near Point: Right L				ar Point Results:		
Stereo:	Pass F		J	•	0/40 = Pass; 20/50 = Fail	
Snot Vision Sevening Booult			_	ot Vision Screen	60 = Pass; 20/40 = Fail er Results:	
Spot Vision Screening Results: Pass F			All Measurements in Range = Pass			
Comments:			Co	mplete Eye Exam	Recommended = Fail	
Recommend Rescreen by RN: Referred to:	Yes No				Date:	
RESCREENING BY RN RESU	 LTS:		Dana tha atualant		No.	
Date:			Dood the stadont woar glasses, contacte.			
Examiner:			Screened with gla	asses/contacts?	Yes No	
			Comments:			
Snellen: Right Left	Pass	Fail				
Near Point: Right Left	Pass	Fail			<del> </del>	
Stereo:	Pass	Fail				
Referred to:		— Date:				
(If student has private vision exam, atta	ch copy of results.)					
HEARING SCREENING RESU	LTS: Has parent given v	vritten cor	sent? Yes No	Written co	nsent is required.	
Date:			<b>D</b>	/E-11-0-14-15-15-15-1	La La Carella de O	
Examiner:				<u>/Fail Criteria for F</u> 1000, 2000 <b>and</b> 4	learing for all ages: 20 000 Hz = Pass	
			(25 dl	B may be used for	Pass if room is not	
Right Ear: Pass Fail _	Com		quiet) 30+ dB at any ments:		quency = Fail	
Left Ear: Pass Fail _						
Recommend Rescreen Yes	No					
RESCREENING RESULTS:						
Date:						
Examiner:						
		Comme	omments:			
Left Ear: Pass Fail _						
Referred to: (If student receives audiological evaluate	tion, attach copy of results.)	_ Date <u>:</u> _				
EVS-005 Revised: August 1, 2022	Distribution: Scan int	o screening	tab in Focus, give har	d conv to person rea	uesting screening	