LAST NAME:	FIRST NAME:	MRN#

PLACE OF SCREENING:
AUDIOMETER:

CIRCLE ONE: ANSI - 69
ISO - 61

SCORING: Child responds at 25 dB: ☐
Child does not respond at 25 dB: ☐

DATE OF LAST CALIBRATION: **AGE:**

1st Screen Date:______ RIGHT Ear

1000	2000	3000	4000

LEFT Ear

1000	2000	3000	4000

2nd Screen Date:______

1000	2000	3000	4000

1000	2000	3000	4000

Vision Test Date:______

	Right Eye	Left Eye
Without Glasses	20/	20/
With Glasses	20/	20/

Comments: ______

Referred To: ______

Signature & Title of Person Performing Test

DATE OF LAST CALIBRATION: **AGE:**

1st Screen Date:______ RIGHT Ear

1000	2000	3000	4000

LEFT Ear

1000	2000	3000	4000

2nd Screen Date:______

1000	2000	3000	4000

1000	2000	3000	4000

Vision Test Date:______

	Right Eye	Left Eye
Without Glasses	20/	20/
With Glasses	20/	20/

Comments: ______

Referred To: ______

Signature & Title of Person Performing Test

DATE OF LAST CALIBRATION: **AGE:**

1st Screen Date:______ RIGHT Ear

1000	2000	3000	4000

LEFT Ear

1000	2000	3000	4000

2nd Screen Date:______

1000	2000	3000	4000

1000	2000	3000	4000

Vision Test Date:______

	Right Eye	Left Eye
Without Glasses	20/	20/
With Glasses	20/	20/

Comments: ______

Referred To: ______

Signature & Title of Person Performing Test

Last updated: 10/8/2025