

ALLENDALE PUBLIC SCHOOLS
Hillside School Health Services
Kindergarten Vision and Hearing Form

It is recommended that all pre-school children have a complete vision and hearing examination before entering school in the fall. Good vision and hearing are essential to success in school. It is our hope that pre-school hearing and vision examinations will help many children receive the proper correction through early detection and/or treatment.

Upon completion of the vision and hearing examinations, please have the examiner indicate his/her finding and recommendations on the form below. This form should be returned to the school nurse before the start of school.



Student's Name: _____ Date: _____

VISION EXAMINATION

I have given a complete eye exam with the following diagnosis and recommendations:

		Distance	Near		Distance	Near
Vision without correction	O.D.	_____	_____	O.S.	_____	_____
Vision with correction	O.D.	_____	_____	O.S.	_____	_____

Muscle Balance: _____ Color Test: _____

Stereopsis: _____ Eye Defects: _____

Findings: 1. Normal eye examination _____
2. Corrective lens prescribed: Yes _____ No _____
3. Re-examine in _____
4. Other _____

Date of Exam: _____ Signature: _____
Office Stamp: _____

HEARING EXAMINATION

Hearing : Right Ear _____ Left Ear _____

Ears – examination of canals and drums: _____

Findings: _____

Date of Exam: _____ Signature: _____
Office Stamp: _____

