



## VISION AND HEARING SCREENING RESULTS (CSH-F008)

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Referring Teacher \_\_\_\_\_

Vision Date of Screening \_\_\_\_\_

Result : Right Eye ☐ Pass ☐ Fail

Left Eye ☐ Pass ☐ Fail

Digital Screener ☐ Yes ☐ No

Hearing Date of Screening \_\_\_\_\_

Result \_\_\_\_\_

\_\_\_\_\_  
Signature of Screener