Mini Texans
Christian Learning Center

Certificate of Hearing and Vision Screen

Child's Name: _____

Vision:

Right eye	Left eye
20/10	20/10
20/20	20/20
20/30	20/30
20/40	20/40
> 20/40	> 20/40

[ ] Normal vision for age

[ ] Your child needs to be further evaluated for vision (please follow up with pediatrician)

Hearing:

	Right ear			Left ear		
	1000Hz	2000Hz	4000 Hz	1000 Hz	2000 Hz	4000Hz
20 dB	_____	_____	_____	_____	_____	_____
25 dB	_____	_____	_____	_____	_____	_____
40 dB	_____	_____	_____	_____	_____	_____

[ ] Normal Hearing

[ ] Your child needs to be further evaluated for hearing (please follow up with your pediatrician)

Signature: _____ MD

Printed Name:_____ MD

Date: _____