**HEARING AND VISION TESTING**

|  |
| --- |
| **Name of Child** |
| **Date of Birth** |

**HEARING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hz** | **1000** | **2000** | **4000** |  |
| **R** |  |  |  |  ** Pass** |
| **L** |  |  |  |  ** Fail** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**VISION**

|  |  |  |
| --- | --- | --- |
| **R/20** | **L20/** |  ** Pass** ** Fail** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**