

Barry-Eaton District Health Department

PRESCHOOL HEARING SCREENING RECORD

Staff to complete:
Passed <input type="checkbox"/>
Referred <input type="checkbox"/>

County _____

Date _____

Child's Name _____ Birthdate _____ Age _____

(Child's Name Used) _____ School Planned to Attend _____

Address _____ City _____ Zip Code _____

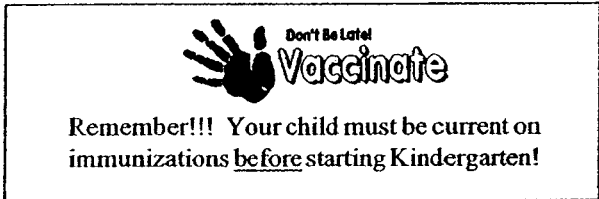
Parent's Name _____ Telephone _____

BRIEF EAR HISTORY

Has Your Child Ever Been Examined for Any Type of Ear Problem? Yes No

When _____ Reason _____

Name of Doctor _____ Telephone _____



DO NOT WRITE BELOW THIS LINE

Barry-Eaton District Health Department

528 Beech Street
Charlotte, MI 48813
Telephone (517) 541-2654 or
(517) 485-7110 Ext. 654
Fax (517) 543-0451

110 W. Center Street
Hastings, MI 49058
Telephone (616) 945-9516
Fax (517) 616-945-4304

PRESCHOOL HEARING SCREENING RECORD

Attention Parent:

Please Present This Statement When Enrolling Your Child in School for the First Time.

To School Administrator

Passed Test
Did Not Pass Test

Child's Name

Certified Hearing Technician

Date

