HEARING AND VISION TESTING

| Name of Child Date of Birth | | | | |
|------------------------------|------|-------|--------|--------|
| HEARING | | | | |
| Hz | 1000 | 2000 | 4000 | |
| R | | | | ☐ Pass |
| L | | | | ☐ Fail |
| VISION | | | | |
| R/20 | L20/ | ☐ Pas | □ Pass | |
| - | | □ Fa | il | |
| Signature | | | | |