Mississippi Department of Human Services
Division of Youth Services

Hearing & Vision Screening Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
</tr>
</tbody>
</table>

**Vision Screening Results:** Left eye __________ Right eye __________ Both __________

Referral to Optometrist/Ophthalmologist:  
☐ Yes  ☐ No  ☐ N/A  Nurse Initials: __________

1st Screening Date: __________

2nd Screening Date: __________ N/A ☐

<table>
<thead>
<tr>
<th>Audiogram</th>
<th>Right Ear *</th>
<th>Left Ear *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Hz (20 dB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000 Hz (20 dB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4000 Hz (20 dB)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Audiogram

1000 Hz (20 dB)  
2000 Hz (20 dB)  
4000 Hz (20 dB)

* Place a (+) mark in the above boxes if the youth raised hand indicating that the sound was heard. Place a (-) mark in the above boxes if the youth did not respond to the sound.

☐ Passed (Check marks in all of the above boxes)
☐ Recheck (Suggested in two weeks)
☐ Refer to Physician

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Nurse Signature: _____________________________________________________________________

☐ Passed (Check marks in all of the above boxes)
☐ Refer to Physician

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Nurse Signature: _____________________________________________________________________

Physician Review: ___________________________ Date: __________

Recommendations: ____________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Form XI.15.C  
Effective: 07/01/06  
Revised: 07/01/08, 1/15/11

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