Mississippi Department of Human Services **Division of Youth Services**

Hearing & Vision Screening Form

Name:			Allergies:		
DOB:					
Vision Screening Results: Left eye			Right eyeBoth		
Referral to Opto	ometrist/Ophtha	almologist : [Yes No N/	A Nurse Initials:	
1 st Screening Date:			2 nd Screening Date:		N/A 🗆
Audiogram	Right Ear *	Left Ear *	Audiogram	Right Ear *	Left Ear *
1000 Hz (20 dB)			1000 Hz (20 dB)		
2000 Hz (20 dB)			2000 Hz (20 dB)		
4000 Hz (20 dB)			4000 Hz (20 dB)		
					L
above boxes if the	youth did not respon	nd to the sound.	hand indicating that the so		
• /	youth did not responsively and selection with the selection of the above	nd to the sound.	hand indicating that the so	arks in all of the above	
above boxes if the passed (Check ma	youth did not responsively arks in all of the above ed in two weeks)	nd to the sound.	☐ Passed (Check ma	nrks in all of the above	e boxes)
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Form XI.15.C