Vision (Spot) and Hearing (OAE) Results Form

Your child _____ received the following

❑ screening ❑ rescreening today:

Vision Screening	**1st OAE Screening**	**2nd OAE Screening**
Date: _____	Date: _____	Date: _____
❑ Pass	❑ Pass	❑ Pass
❑ Refer	❑ Rescreen	❑ Refer to Primary Care Provider
	☐ Right ☐ Left	

Comments: _____

If you have any questions, please contact _____

at _____

Vision (Spot) and Hearing (OAE) Results Form

Your child _____ received the following

❑ screening ❑ rescreening today:

Vision Screening	**1st OAE Screening**	**2nd OAE Screening**
Date: _____	Date: _____	Date: _____
❑ Pass	❑ Pass	❑ Pass
❑ Refer	❑ Rescreen	❑ Refer to Primary Care Provider
	☐ Right ☐ Left	

Comments: _____

If you have any questions, please contact _____

at _____

Revised 09/2017

Page 1 of 1

12.011.12 CPolasek