




# Preschool Health Screening Results Form

Your child, \_\_\_\_\_, received the following  screenings  re-screening today:

**GROWTH**  
 Date \_\_\_\_\_  
  
 Ht \_\_\_\_\_  
 Wt \_\_\_\_\_  
 BMI % \_\_\_\_\_

**VISION**  
 Date \_\_\_\_\_  
  
Distance Screening  
 R 20/\_\_\_\_ L 20/\_\_\_\_ Both 20/\_\_\_\_  
 Pass  Recheck  Refer   
Eye Muscle Balance  
 Cover Test: Pass  Refer   
 Cardinal Points of Gaze: Pass  Refer   
 Corneal Light Reflex: Pass  Refer  Recheck   
 Hyperopia (near screening) Pass  Refer

**HEARING**  
 Date \_\_\_\_\_  
  
 Audiometer  
 R 4000\_\_ 2000\_\_ 1000\_\_ 500\_\_  
 L 4000\_\_ 2000\_\_ 1000\_\_ 500\_\_  
Otoacoustic Emission  
 R \_\_\_\_\_ L \_\_\_\_\_  
 Pass  Refer

Comments: \_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_.


2 NCR:  
 White to parent, yellow to file





Revised 08/2017  
 10.002.06 CPolasek

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 BMI % \_\_\_\_\_

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Comments: \_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_.

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