

VISION SCREENING

DATE		RESULTS	DATE		RESULTS	DATE		RESULTS
	Right			Right			Right	
	Left			Left			Left	
DATE		RESULTS	DATE		RESULTS	DATE		RESULTS
	Right			Right			Right	
	Left			Left			Left	

AUDIOMETRIC

DATE		250	500	1000	2000	4000
	Right					
	Left					
DATE		250	500	1000	2000	4000
	Right					
	Left					
DATE		250	500	1000	2000	4000
	Right					
	Left					
DATE		250	500	1000	2000	4000
	Right					
	Left					
DATE		250	500	1000	2000	4000
	Right					
	Left					

HBG/HCT

DATE	RESULT	DATE	RESULT	DATE	RESULT
	HGB		HGB		HGB
	HCT		HCT		HCT
	HGB		HGB		HGB
	HCT		HCT		HCT

Patient Name: _____

Date of Birth: _____