



Fauquier County Public, Parochial & Private Schools SCREENING RECORD FOR STUDENTS Annual Screenings

I: Enrollment Information		
Student Name:	Grade:	Birthdate:
Teacher:	School Year:	2020 – 2021

I hereby grant permission for testing by the Lions of District 24-A Sight & Hearing Mobile Screening Unit: _____

Signature: Parent/Guardian **Date**

II: SPOT VISION SCREENING:			
Glasses	Contacts	Forgot Glasses	<input type="checkbox"/>
Date:	Pass	Referred	<input type="checkbox"/>

III: Hearing Screening:			
Date:	Examiner:		
PURE TONE SCREENING			
	1000Hz/20db	2000Hz/20db	4000Hz/20db
Right	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PASS
Left	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Referred

IV: Hearing Re-Screening:			
Date:	Examiner:		
PURE TONE SCREENING			
	1000Hz/20db	2000Hz/20db	4000Hz/20db
Right	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PASS
Left	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Referred

Testers: Please test and mark the hearing results as follows:

Set the Audiometer volume value (db) to 35 to begin the test in each of the three frequencies. Lower the db value by 5 db until the student signals they cannot hear the lower value. Write the lowest db value the student hears in the appropriate column. Do not test below 20db or higher than 35db without the Nurses instructions.

If the student has all values of 20db for both ears mark the test as **PASS**
 If the student has one value of 25db and the rest of the values are 20db for both ears mark the test as **PASS**
 If two or more test values are 25db mark the test as **Referred**
 If a test value is 30db or higher for either ear mark the test as **Referred**