KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

Michigan Department of Health and Human Services

Health Department/County/Screening Location		
Name	Birthdate	☐ Male ☐ Female
Parent	Phone #	
Address	City, State, Zip	
School Attending	ID#	
Primary Care Provider	Provider Phone #	
Medicaid ☐ Yes ☐ No	Medicaid #	

Hearing History	Yes	No
Has your child seen a doctor for ear problems?	☐	☐
Is your child taking medication for a cold or allergies?	☐	☐
Do you have concerns about your child's hearing?	☐	☐
Does your child have a medically implanted device or use an insulin pump/continuous glucose monitor?	☐	☐

Vision History	Yes	No
Has your child been examined by an eye doctor?	☐	☐
Does your child confuse colors?	☐	☐
When your child is ill or tired, do their eyes appear crossed or does one eye wander when looking at an object?	☐	☐

Do Not Write Below This Line

HEARING SCREENING	RESULTS
Preliminary Screening	☐ Pass ☐ Right Ear ☐ Left Ear ☐ Under Care ☐ Fail ☐ Right Ear ☐ Left Ear ☐ Retest
Audiogram	☐ Pass ☐ Right Ear ☐ Left Ear ☐ Under Care ☐ Fail ☐ Right Ear ☐ Left Ear ☐ Retest

VISION SCREENING

Visual Acuity/2-Line Difference (LEA Symbols)

	20/40	20/25
Both Eyes	0 1 2 3 4 5 6	
Right Eye	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Left Eye	0 1 2 3 4 5 6	0 1 2 3 4 5 6

Stereo Butterfly:
Eye History:
Symptom(s):

RESULTS

☐ Pass ☐ Right Eye ☐ Left Eye
☐ Fail ☐ Right Eye ☐ Left Eye
☐ 2-Line Difference
☐ 20/50
☐ FNR/Permanent Difficulty
☐ Retest
☐ Pass ☐ Fail
☐ Pass ☐ Fail ☐ N/A
☐ Pass ☐ Fail

Parents/Guardians: Please present this certificate of hearing and vision screening when enrolling your child for kindergarten. This is a requirement of the Michigan Public Health Code, Act 368 of 1978 and the Revised School Code of 1976. Retain a copy for your health records.

Hearing	Vision
☐ Pass	☐ Pass
☐ Fail (exam by LHD or physician required)	☐ Fail (exam by eye care professional required)
Child's Name:	Screening Date:
Health Department:	Technician:

DCH-0479 Rev. 6.30.25