



**Hearing and Vision Screening**  
**for children who are age 4**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Visual acuity and hearing sensitivity screening are required for children 4 years old and older enrolled

<b>Hearing</b>	Date _____		Signature _____	
Hz	1000	2000	4000	PASS <input type="checkbox"/>
R				FAIL <input type="checkbox"/>
L				

in a licensed preschool in the state of Texas. This screening may be done in your physician's office. If

<b>Vision</b>	Date _____	Signature _____	
R20/ _____	L20/ _____	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>

If choosing not to test, please have the person administering the test complete a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that they are an adherent or member.