



Hearing Audiometer and Vision Test

An Audiometer test was conducted for _____
Client Name

On _____
Date

The results in each ear were as follows _____ and _____
Left Right

The child _____ the hearing test.
Passed/failed

The result of the vision test was as follows:

Visual acuity: Far (R) _____ (L) _____

Near (R) _____ (L) _____

Wears glasses: Yes ___ No ___

School Nurse Printed Name

School Name

School Nurse/Signature

Date