

Arkansas Department of Health

Vision and Hearing Screening Program

Hearing Follow-up Record

School: _____

County: _____

Form VHSP-14(10-03)

Directions : Indicate reason for referral by marking ear and frequenc(ies) not responded to or results of observation. Examples of **Recommendations** include: (1) Surgical (2) Medical (3) Classroom Modifications (4) Ear Protection (5) Hearing Aid (6) Cerumen Removal (7) Other - explain

	Grade	Name	Rescreening Results				Observations/ Comments	Date Rec'd Exam	Confirmed Ear/Hearing Difficulty	Recommendations
			Ear	1k	2k	4k				
1			R							
			L							
2			R							
			L							
3			R							
			L							
4			R							
			L							
5			R							
			L							
6			R							
			L							
7			R							
			L							
8			R							
			L							
9			R							
			L							
10			R							
			L							
11			R							
			L							
12			R							
			L							
13			R							
			L							
14			R							
			L							
15			R							
			L							