**Vision & Hearing**

Vision & Hearing screening are required within 45 days of admission.

Your doctor’s office may have their own form(s). This form is acceptable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vision** | R 20/\_\_\_\_\_ | L 20/\_\_\_\_\_ | Pass/Fail |
| **Hearing** | 1000 Hz | 2000 Hz | 4000 Hz |
| R |  |  |  |
| L |  |  |  |
| Hearing Pass/Fail | | | |

**Health Care Professional Statement**

Doctor’s Statement: I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within the past year and find that he/she is physically able to take part in the school activities.

Physician’s Printed Name Address City, State ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature Date