

**OBJECTIVE HEARING AND VISION TESTING
MARYLAND HEALTHY KIDS PROGRAM**

Child's Name: _____ Date of Birth _____

Objective Vision Testing recommended at ages 3 to 6, 8, 10, 12, 15, and 18 years

Date of Service: _____

Date of Service: _____

Screened by: _____

Screened by: _____

Ages 3 – 6

Ages 8 – 20

Visual Acuity R _____ L _____

Visual Acuity R _____ L _____

Muscle Balance:

Muscle Balance:

 Near R _____ L _____

 Near R _____ L _____

 Far R _____ L _____

 Far R _____ L _____

Vision Fusion:

 Pass _____ Fail _____

Hyperopia:

 Pass _____ Fail _____

Color Screens (optional):

 Pass _____ Fail _____

 Pass _____ Fail _____

Comments: _____

Comments: _____

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Objective Hearing Testing recommended at ages 3 to 6, 8, 10, 12, 15, and 18 years

Date of Service: _____

Date of Service: _____

Screened by: _____

Screened by: _____

HZ 1000 2000 4000

HZ 1000 2000 4000

Rt. ___db _____

Rt. ___db _____

Lt. ___db _____

Lt. ___db _____

Comments: _____

Comments: _____
