INDIVIDUAL SWEEP-CHECK SCREENING (M-40)

Student's name: _____ Age/Grade: _____

School: _____ Teacher: _____

Sweep-Check Screening

1. Instruct and condition each child appropriately for age/grade.
2. Screen three frequencies at 25 dB; begin screening at 1000 Hz.
3. Identify responses with a "+"; identify no response with a "–."
4. Sequence of tone presentations is numbered 1-3 below.

First Screen	Ear	1	2	3	Results
		1000 Hz	2000 Hz	4000 Hz	
	R				☐ Pass ☐ Rescreen ☐ Fail/Refer
Date:	L				

Comments: _____

Signature of Screener: _____ Print Name _____

Children failing to respond to **ONE** (of the three) frequencies in **EITHER EAR** should be rescreened with another sweep-check within three to four weeks. (Signs or symptoms alone would be sufficient for referral.) Failure of **ONE** frequency in either ear on the second sweep-check screen requires a referral or an **Extended Recheck**. If a failure of one frequency occurs when performing the extended recheck, a referral is required.

Second Screen	Ear	1	2	3	Results
		1000 Hz	2000 Hz	4000 Hz	
	R				☐ Pass
Date:	L				☐ Fail

Comments: _____

Signature of Screener: _____ Print Name _____

Extended Recheck Results

For each of the three frequencies listed, starting at 40 dB, record the lowest level in decibels (dB) at which the child responds. Record the findings for both the right and left ears. A child should be referred to an appropriately licensed professional if any one of the three frequencies is recorded as greater than 25 dB in either ear.

Extended Recheck	Ear	1	2	3	Results
		1000 Hz	2000 Hz	4000 Hz	
	R	dB	dB	dB	☐ Pass
Date:	L	dB	dB	dB	☐ Fail

Comments: _____

Signature of Screener: _____ Print Name _____

TEXAS Health and Human Services | Texas Department of State Health Services

Certificate of Record for Vision Screen and/or Eye Examination

Child's Name_____Birthdate_____Age_____

DISTANCE ACUITY SCREEN

1st Screen (Date): _____	**2nd Screen (Date):** _____
With Correction: ☐ Yes ☐ No	With Correction: ☐ Yes ☐ No
Chart Used: ☐ Sloan Letter ☐ HOTV	**Chart Used:** ☐ Sloan Letter ☐ HOTV
Result: (R) Eye **20/** (L) Eye **20/**	**Result:** (R) Eye **20/** (L) Eye **20/**

Comments/Observations:

AUTOMATED SCREENING DEVICE

Type of Device: ☐ Photo Screener ☐ Auto-Refractor ☐ Other

Result: ☐ PASS ☐ FAIL

HIRSCHBERG CORNEAL LIGHT REFLEX TEST

☐ Light reflection is centered or slightly toward the nose the same distance in each eye.

☐ Light reflection is not centered nor slightly toward the nose the same distance in each eye.

Result: ☐ PASS ☐ FAIL

COVER AND UNCOVER TEST

NEAR: 12 to 13 inches	☐ No Eye Movement	☐ Eye Movement
FAR: 10 to 20 feet	☐ No Eye Movement	☐ Eye Movement
Result:	**Near:** ☐ PASS ☐ FAIL	**Far:** ☐ PASS ☐ FAIL

REFERRAL REASON (If applicable)

☐ Distance Acuity Screen
☐ Automated Screening Device
☐ Hirschberg Corneal Light Reflex Test
☐ Cover and Uncover Test
☐ Parent/Doctor Request
☐ Unable to Screen
☐ Other:

Observable Signs or Symptoms (describe):

SCREENING CERTIFICATION

Signature of Screener:

Date:	Print Name of Screener: