

DOÑA ANA COUNTY HEAD START: 45-DAY HEALTH SCREENINGS

Child's Name and Date of Birth _____

Center and Session (AM/PM) _____

Height (inches): _____ Weight (lbs. & oz.): _____ Blood Pressure: _____

Hearing Screening (OAE/ERO-SCAN Testing)

1st TESTING DATE: _____ UNTESTABLE _____ REFUSED _____ ABSENT _____

TESTED BY _____ AND _____
(Print first & last name) (Print first & last name)

PASSED _____ FAILED _____ REFERRED TO _____

	FQ 500 (.5)	1000 (1)	2000 (2)	4000 (4)	
Right Ear					← Device reads
Left Ear					

2nd TESTING DATE _____ UNTESTABLE _____ REFUSED _____ ABSENT _____

TESTED BY _____ AND _____
(Print first & last name) (Print first & last name)

PASSED _____ FAILED _____ REFERRED TO _____

	FQ 500 (.5)	1000 (1)	2000 (2)	4000 (4)	
Right Ear					← Device reads
Left Ear					

Vision Screening (Vision Plus Optix Testing)

TESTED BY _____ AND _____
(Print first & last name) (Print first & last name)

PASSED _____ FAILED _____ REFERRED TO _____

1st Testing DATE _____

2nd Testing DATE _____

_____ Hyperopia (farsightedness) _____ Myopia (shortsightedness) _____ Anisometropia	_____ Astigmatism _____ Gaze asymmetry _____ Anisocoria
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ENTERED INTO CHILDPUS

BY: _____

DATE: _____

NMSU Nursing Student
 NMSU DACHS Staff