



First Presbyterian Preschool of Grapevine Four-Year-Old Hearing/Vision Form

Child's Name _____ Date of Birth _____

Vision

Vision	R 20/ _____	L 20/ _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
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Examiner's Signature _____

_____ Date

Examiner's Name Printed _____

Hearing

Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				

Examiner's Signature _____

_____ Date

Examiner's Name Printed _____

First Presbyterian Preschool of Grapevine

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