

Vision and hearing screening for school-age children Follow up referral list

Name:	Class:			Contact phone/email:		Date of birth:
Gender: Male 🗆	Female 🗆	Other 🗆	Referral date:	· ·	Reason for referral: Vision and/or eye health	\Box Hearing and/or ear health \Box
Referral location:				Name of referr	ral personnel:	Follow up date:
Notes:						
Name:	e: Class:			Contact phone/email:		Date of birth:
Gender: Male 🗆	Female 🗆	Other 🗆	Referral date:		Reason for referral: Vision and/or eye health	\Box Hearing and/or ear health \Box
Referral location:				Name of referr	ral personnel:	Follow up date:
Notes:						
Name:		Class:		Contact phone	e/email:	Date of birth:
Gender: Male 🗆	Female 🗆	Other 🗆	Referral date:		Reason for referral: Vision and/or eye health	\Box Hearing and/or ear health \Box
Referral location:			<u> </u>	Name of referr	ral personnel:	Follow up date:
Notes:						
Name:		Class:		Contact phone	e/email:	Date of birth:
Name: Gender: Male 🗆	Female 🗆	Class: Other □	Referral date:	Contact phone	e/email: Reason for referral: Vision and/or eye health	
	Female 🗆		Referral date:	Contact phone	Reason for referral: Vision and/or eye health	
Gender: Male 🗆	Female 🗆		Referral date:		Reason for referral: Vision and/or eye health	□ Hearing and/or ear health □
Gender: Male Referral location:	Female 🗆		Referral date:		Reason for referral: Vision and/or eye health ral personnel:	□ Hearing and/or ear health □
Gender: Male Referral location: Notes:	Female	Other 🗆	Referral date:	Name of referr	Reason for referral: Vision and/or eye health ral personnel:	 Hearing and/or ear health Follow up date: Date of birth:
Gender: Male Referral location: Notes: Name:		Other Class:		Name of referr	Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health	 Hearing and/or ear health Follow up date: Date of birth:
Gender: Male Referral location: Notes: Name: Gender: Male		Other Class:		Name of referr	Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health	 Hearing and/or ear health Follow up date: Date of birth: Hearing and/or ear health
Gender: Male Referral location: Notes: Name: Gender: Male Referral location:		Other Class:		Name of referr	Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health ral personnel:	 Hearing and/or ear health Follow up date: Date of birth: Hearing and/or ear health
Gender: Male Referral location: Notes: Name: Gender: Male Referral location: Notes:		Other Class: Other		Name of referr Contact phone Name of referr	Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health ral personnel:	 Hearing and/or ear health Follow up date: Date of birth: Hearing and/or ear health Follow up date: Date of birth:
Gender: Male Referral location: Notes: Name: Gender: Male Referral location: Notes: Name:	Female 🗆	Other Class: Other Class: Class: Other Class:	Referral date:	Name of referr Contact phone Name of referr	Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health ral personnel: e/email: Reason for referral: Vision and/or eye health	 Hearing and/or ear health Follow up date: Date of birth: Hearing and/or ear health Follow up date: Date of birth: