LIONS DISTRICT 27-D2
STUDENT HEALTH SCREENING REPORT FORM

HEARING SCREENING REPORT FORM

Name of Lions Club: _____

Screening Location:_____

Screening Date: _____

PURE TONE AUDIOMETERS

Grade	Total Screened	Initial Referred	Post Recheck Referred
Kindergarten			
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			
12th			

Please submit this form after the completion of the event to: Lion Janet Krueger
jmtomwi3@gmail.com