

**MACOMB COUNTY HEALTH DEPARTMENT  
HEARING AND VISION PROGRAM  
586-412-5945**

**PARENT/GUARDIAN: IMPORTANT**

**This form must be presented when child enters kindergarten in accordance with Michigan Public Health Code (Act 368 of 1978).**

CHILD'S NAME:	
DATE:	SCREENING LOCATION:
<b>HEARING SCREENING</b>	<b>VISION SCREENING</b>
<input type="checkbox"/> PASSED	<input type="checkbox"/> PASSED
<input type="checkbox"/> DID NOT PASS - An examination by your local health department or family doctor is required.	<input type="checkbox"/> DID NOT PASS - An examination by an optometrist or an ophthalmologist is required.

MDHHS Trained Hearing Technician



MDHHS Trained Vision Technician