WASHITA VALLEY COMMUNITY ACTION COUNCIL HEAD START
VISION / HEARING

Vision:

Date	Results	Left	Right	Both	Funding	Comments
	□ Pass □ Fail □ Refused □ No Consent □ Other:_______	20/I__I__I__I	20/I__I__I__I	20/I__I__I__I	□ Partially by HS □ Fully By HS □ EPSDT/Medicaid □ Other Agency □ Other: ______ _______________	
Date	**Results**	**Left**	**Right**	**Both**	**Funding**	**Comments**
	□ Pass □ Fail □ Refused □ No Consent □ Other:_______	20/I__I__I__I	20/I__I__I__I	20/I__I__I__I	□ Partially by HS □ Fully By HS □ EPSDT/Medicaid □ Other Agency □ Other: _ ___________	

Strabismus □ Normal □ Normal □ Pass □ Fail
Needs treatment yes no staff signature

HEARING

Hearing:

Date	Results	Decibels					Funding	Comments
	□ Pass □ Fail □ Refused □ No Consent □ Other:_____ ___________		500	1000	2000	4000	□ Partially by HS □ Fully By HS □ EPSDT/Medicaid □ Other Agency □ Other: ______ _____________	
		Right	I_I_I	I_I_I	I_I_I	I_I_I		
		Left	I_I_I	I_I_I	I_I_I	I_I_I		
	□ Pass □ Fail □ Refused □ No Consent □ Other:______ ____________		500	1000	2000	4000	□ Partially by HS □ Fully By HS □ EPSDT/Medicaid □ Other Agency □ Other: ______ _____________	
		Right	I_I_I	I_I_I	I_I_I	I_I_I		
		Left	I_I_I	I_I_I	I_I_I	I_I_I		

Needs treatment yes no Staff signature _________________________________