

HEARING	DATE		SIGNATURE	
Hz	1000	2000	4000	PASS <input type="checkbox"/>
R				
L				FAIL <input type="checkbox"/>
VISION	DATE		SIGNATURE	
R20/ _____	L20/ _____		PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
<input type="checkbox"/> NOTE: If medical diagnosis and treatment and <i>I</i> or immunization and T6 testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and <i>I</i> or T6 testing would be injurious to your child or family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form.				