Vision and Hearing Screening Results



Your child's name, date of birth, ethnicity and National Health Index (NHI) and the screen results will be stored in the B4 School Check or ENROL database. The results of the test are given to your child's preschool or school. Results in the B4 School and ENROL databases are kept in accordance with the national information system privacy policy. http://www.moh.govt.nz/b4schoolcheck. https://enrol.education.govt.nz

For	Date			
Ears Hearing	PASS	RETEST	REFER	
Middle Ear check		0	0	
Eyes	PASS	RETEST	REFER	
Notes			n thair care or	NVOS.
f your child needs we will send you a		er assessment to	then ears or e	yes
Stamp				
			Ru	F







Consent Form

Hearing and Ear Health **Vision & Hearing** Screening







Consent Form







Vision & Hearing Screen	ing	(to)		Community	
Name of child:		1			
Date of birth: /	1	Ethnicity:			
School/Preschool:		NHI:			
I consent to the following checks b	eing carrie	ed out on my child as pa	rt of the screening	programme.	
Please circle below	-				
Ear tests	YES	NO		6	
Does your child have (had) grom	mets?	YES (Month	/Year)	NO	
Comments/relevant past history	72				
Ear nurse check	WEY				
car nurse check	YES	NO			
Eye test	YES	NO			
Comments/relevant past history					
Signature of Parent/ Guardian:			Date:	/ /	
Name:	Phone:				
Address:		-			

Information



Hearing and Ear Health Vision & Hearing Screening

- Auckland District Health Board provides a free screening programme for children.
- This programme is run by Vision Hearing Technicians, from the Hearing and Ear Health Team, who visit pre-schools and schools.
- Your child will have their hearing and vision tested as either a
 4 year old or new entrant to school or as an older child upon request.



Ears

Hearing (Audiometry) - The child wears headphones and responds every time they hear a sound.

Middle Ear check (Tympanometry) – A soft tip is placed in the ear canal and the air pressure is changed to measure how the ear drum moves. This test can show whether your child has glue ear - a build-up of fluid in the middle ear which can affect hearing.

This test will only be done if your child fails the hearing test



Eyes

Sight (Vision) test – This is done at 4 years old or as a new entrant and again at Year 7. A letter matching test or letter naming test is used.

You will be informed of all results from these tests and notified of any problems so that you can get treatment for your child.





