

Vision & Hearing Screenings - Permission Slip

Dear Parents:

The Texas Department of State Health Services mandates that all 4 and 5 year olds receive vision and hearing screening and recommend it for age 3 as well. Vision and Hearing Screening of Austin will be providing these tests to your students again this year. It is our utmost goal not only to provide professional level screenings but also to keep both children and screeners safe during this COVID-19 pandemic. Toward this purpose, our safety protocol includes:

- Screening our employees for risk factors and signs of COVID-19 before any screenings take place.
- All screeners will be wearing full PPE (mask, goggles/face shields, gowns and gloves).
- All equipment will be sanitized between children.
- All children will wear masks if possible and use hand sanitizer before screening.
- Screenings will take place outdoors.

School Screening Date:

Student's Full Name: _____ (One student per permission slip please.)

Age: _____ Date of Birth: _____

School: _____

Teacher: _____ Class: _____

Special concerns: _____

Parent Signature: _____ Phone: _____

If your student wears glasses, please make sure they bring them to school on the date of screening.

| | | |
|--------------------------|---------------------------------|---------|
| <input type="checkbox"/> | VISION SCREENING | \$25.00 |
| <input type="checkbox"/> | HEARING SCREENING | \$25.00 |
| <input type="checkbox"/> | COLOR VISION TEST (optional) | \$25.00 |

Purchase online and save!
Go to www.screenaustin.com

Total Payment Amt. _____

(Payment is required at time of service.)

Online order # _____

Check enclosed

Cash enclosed

Please make checks payable to: V. H. S. A. A \$25 fee will be assessed for returned checks.

For office use only:

Date of screening _____ V _____ H _____ CV _____

Comments: _____ Screener initials: _____

Amt paid: _____ By Check # _____ or CC online _____

(updated 8-20)