

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 | PASS | RETEST | REFER |
|------------------|-----------------------|-----------------------|-----------------------|
| Hearing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Middle Ear check | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Eyes | PASS | RETEST | REFER |
|------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Notes

If your child needs to go for further assessment for their ears or eyes we will send you a letter.

Stamp



Consent Form

Hearing and Ear Health
Vision & Hearing Screening



Consent Form

Hearing and Ear Health Vision & Hearing Screening



Name of child: _____

Date of birth: / /

Ethnicity: _____

School/Preschool: _____

NHI: _____

I consent to the following checks being carried out on my child as part of the screening programme.

Please circle below

Ear tests

YES

NO

Does your child have (had) grommets?

YES (Month /Year)

NO

Comments/relevant past history:

Ear 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.



Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Aotamua

