



**S.E.E.D.S**  
 St. Elizabeth Educational Day-out Service  
 6646 Addicks Satsuma  
 Houston, Texas 77084  
 Tel. 281-855-2503  
 Fax. 281-855-6877

**2017/2018**

## Hearing & Vision

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

4 year old boosters

<b>Immunizations</b>	<b>DPT/Dtap</b>	<b>Polio</b>	<b>MMR</b>	<b>Hep A</b>	<b>Varivax</b>
<b>Date</b>	_____	_____	_____	_____	_____

\_\_\_\_\_  
 Physician's Signature \_\_\_\_\_  
 Date

<b>HEARING @25Bd</b>				<b>Date:</b>
<b>Hz</b>	<b>1000</b>	<b>2000</b>	<b>4000</b>	_____ Pass  _____ Fail  _____ Did Not Cooperate
<b>Right</b>				
<b>Left</b>				
<b>Vision</b>				<b>Date</b>
<b>R20/</b>	<b>L20/</b>			_____ Pass  _____ Fail  _____ Did Not Cooperate

\_\_\_\_\_  
 Signature - Physician or Health Personnel

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature -- Staff Making Handwritten

\_\_\_\_\_  
 Date



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