



Virginia Lions Clubs District 24-F Screening Form Wythe County Public Schools

We are pleased to offer screening of the hearing and vision for Wythe County students. This service is free of charge and is provided by the volunteers of the Lions Clubs of Rural Retreat and Wytheville, Virginia. The equipment being utilized is owned by the clubs which was partially funded by the Wythe Bland Community Foundation. The auditory screening device is an audiometer which produces tones that range from a very low pitch to a high pitch. The tones most often used in the audiometer screening range from 1,000 to 4,000 Hz. A 25dBHL is considered passing and no further tests are recommended. The screening for vision utilizes a computerized camera that requires no dilation of the eyes, nor constraint of the head.

Please do understand that these screenings that are provided as an effort to detect possible issues in a specific area. These are by no means a professional health care provided diagnostic opportunity. While these screenings may assist in the determination of needs or a recommendation to secure additional licensed health care, the Lions Club, volunteers, and Wythe County Public Schools does not offer any guarantee of the results implied or written.

Written permission to test a child is required. Parents/Legal Guardians who wish to have their child tested are requested to fill out and sign the following information statement. **Students are tested in the following grades as pursuant with Virginia code 22.1-273, pre-kindergarten, kindergarten, third, seventh, and tenth.** (revised 02/2016)

School Name	Grade	Teacher Name
Student Full Name First, Middle, and Last Name		

Home Address	City	State	Zip
--------------	------	-------	-----

Home Telephone (xxx)-xxx-xxxx	Work Telephone (xxx)-xxx-xxxx	Mobile Telephone (xxx)-xxx-xxxx
----------------------------------	----------------------------------	------------------------------------

Student Date of Birth mm/dd/yyyy	Date mm/dd/yyyy	Student Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Female Male

E-mail Address

I hereby grant permission to screen the hearing and vision of my child. I understand all of the stipulations and will not hold the Lions Club, volunteers, and/or Wythe County Public Schools for any resulting resulting liabilities.

No Yes

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature