



MORGAN HILL UNIFIED SCHOOL
15600 Concord Circle, Morgan Hill, CA 95037
 Ph: (408) 201-6000 Fax: (408) 778-0436

Dear Parent:

Re: _____
 Date: _____

As a result of a recent hearing screening program at school, we believe that your child should have a complete hearing evaluation. We urge you to give this your prompt attention.

Your signature below will authorize your child's doctor to return this information to the school nurse. If you have any questions, please call the school nurse at _____. Please take this form with you when you go to the appointment.

Estimados padres:

Como resultado de un programa de exámenes de audición que los últimos en la escuela, creemos que su hijo debe someterse a una evaluación auditiva completa. Lo instamos a dar a este su pronta atención.

Su firma se autoriza al médico de su hijo a regresar esta información a la enfermera de la escuela. Si usted tiene alguna pregunta, por favor llame a la enfermera de la escuela en _____. Por favor lleve este formulario con usted cuando vaya a la cita.

 School Nurse/Enfermera de la Escuela

 Parent Signature/Firma de Padres

Note to the Examiner:

We have directed the parent's attention to the need for a hearing evaluation because:

_____ The above-named student did not pass the school audiometric tests.
 _____ Signs and symptoms: _____

Report of Examiner to School

Student

School

250	500	1000	2000	4000

	ISO
	ANSI

250	500	1000	2000	4000

____ Child is under medical treatment.
 ____ Child has been scheduled for further
 Evaluation on _____
 by _____.

Recommendations and Comments:

 Physician's Signature

 Date

 Address