## OAKLAND COUNTY HEALTH DIVISION HEARING SCREENING CLASSROOM LIST

SCHOOL					GRADE		ROOM ENROLLMENT					
TEACHER					TECHN	CHNICIAN						
NO PROGRAMMABLE SHUNT												
PRELIMINARY SCREEN					NING	ING RETESTS (T.T.)			KNOWN LOSSES			
DATE		E	E P F		AUTS	P F A UTS			P	F FNR	A UTS	
	1.						18.	<u> </u>				
	2.						19.					
	3.						20.					
	4.						21.					
	5.						22.					
	6.						23.					
	7.						24.					
	8.						25.					
	9.						26.					
	10.						27.					
	11.						28.					
	12.						29.					
	13.						30.					
	14.						31.					
	15.						32.					
	16.						33.					
	17						3.4					

Interpretation Key:
OK = Passed screening

RED LINE = Did not pass screening

UTS = Unable to screen

ABS = Absent