



MACOMB COUNTY HEALTH DEPARTMENT
HEARING AND VISION PROGRAM

HEARING AND VISION TESTING FOR INCOMING KINDERGARTENERS

Dear Parents/Guardians:

According to the Michigan Public Health Code (Act 368 of 1978), children entering Kindergarten must have their hearing and vision tested **prior to the first day of school**. The Macomb County Health Department provides this service **free of charge, by appointment ONLY**, at various locations/dates from March to May. Please schedule your appointment NOW so your child will be prepared for entrance into Kindergarten. If you have not arranged to have your child screened prior to the start of school, it will be necessary for you to visit your doctor for this service.

It is important to note the following:

- If your child **did not** attend preschool **or** was not screened due to absence on screening day at the preschool, please call the Macomb County Health Department Hearing and Vision Program at (586) 412-5945 to schedule an appointment. The screenings are conducted **by appointment only**. You will be notified of locations and appointment times when you call.
- If your child attends preschool in Macomb County, check with the preschool to see if hearing and vision screening has already been held or if it is scheduled to be conducted before the end of the school year. If this is the case, you will obtain the required paperwork (Yellow Pass/Fail Slip) for Kindergarten entrance from your preschool provider. **DO NOT SCHEDULE AN APPOINTMENT FOR LOST OR MISPLACED PAPERWORK.**
- The documentation that is required for entrance into Kindergarten is the yellow pass/fail slip (see sample below) provided to all incoming Kindergarteners screened by the Macomb County Health Department. Please put this document in a safe place until it is time for Kindergarten Registration.

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25401 Harper Avenue
St. Clair Shores, MI 48081
586-412-5945

IMPORTANT
PLEASE RETURN THIS SLIP TO THE SCHOOL WITH OTHER CHILD RECORDS OF CHILD. It must be returned when child enters school for the first time in accordance with Michigan Public Health Code Act 368 of 1978.

CHILD'S NAME _____ LOCATION: _____
DATE: _____

HEARING SCREENING	VISION SCREENING
<input type="checkbox"/> PASSED	<input type="checkbox"/> PASSED
<input type="checkbox"/> DID NOT PASS	<input type="checkbox"/> DID NOT PASS - An examination by an optometrist or an ophthalmologist is required.

Certified Hearing Technician

Certified Vision Technician

Keep your yellow pass/fail slip in a safe place until Kindergarten Registration!