

**ALLEGAN COUNTY HEALTH DEPARTMENT**

3255 – 122nd Ave., Suite 200, Allegan, MI 49010

**Office Administration**

(269) 673-5411 | Fax (269) 673-4172

**Planning and Preparedness**

(269) 673-5411

**Personal Health**

(269) 673-5411



**Communicable Disease**

(269) 673-5411

**Environmental Health**

(269) 673-5415

**Resource Recovery**

(269) 673-5415

**School Scheduling Form for Hearing & Vision Screening**

Please complete the form below with the approximate student numbers for the upcoming school year. Please return completed form by fax to (269) 673-2163 or by email to [health-hv@allegancounty.org](mailto:health-hv@allegancounty.org).

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Day Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Does your school have any students with magnetic programmable shunts? \_\_\_\_\_

If yes, Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**PRESCHOOL SCREENINGS:**

Preschool age is screened for both Hearing & Vision. Please complete one week schedule for each individual preschool (3's and 4's), head start, and/or young five's class.

Preschool Day Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Pre-K _____	AM/PM	M T W TH F	# Of Students: _____
Pre-K _____	AM/PM	M T W TH F	# Of Students: _____
Pre-K _____	AM/PM	M T W TH F	# Of Students: _____
Pre-K _____	AM/PM	M T W TH F	# Of Students: _____
Young 5's _____	AM/PM	M T W TH F	# Of Students: _____
Young 5's _____	AM/PM	M T W TH F	# Of Students: _____

**Total:** \_\_\_\_\_

**SCHOOL AGE SCREENINGS:**

Please give the approximate number of students for each grade.

	1 <sup>st</sup> _____	3 <sup>rd</sup> _____	5 <sup>th</sup> _____	
Vision Screening:	7 <sup>th</sup> _____	9 <sup>th</sup> _____		<b>Vision Total:</b> _____

Screening Hearing:	K _____	2 <sup>nd</sup> _____	4 <sup>th</sup> _____	<b>Hearing Total:</b> _____
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WHAT IS THE FIRST DAY OF SCHOOL FOR THE 2024-2025 SCHOOL YEAR? \_\_\_\_\_

WHAT IS THE LAST DAY OF SCHOOL FOR THE 2024-2025 SCHOOL YEAR? \_\_\_\_\_