

PALAU HIGH SCHOOL HEARING AND VISION EXAM

School Year _____

This examination is to be conducted by a qualified medical personnel.

STUDENT'S NAME _____ Hospital # _____
Last First Middle

Gender: Male Female HEIGHT _____ WEIGHT _____

By using the following codes, indicate whether the student has a defect or not. CODE: NO DEFECT= N DEFECT= Y

		RESULTS
VISION - RIGHT	FAR	
	NEAR	

		RESULTS
HEARING	LEFT	

		RESULTS
VISION - LEFT	FAR	
	NEAR	

		RESULTS
HEARING	RIGHT	

_____ _____
 Medical Personnel Date

_____ _____
 Medical Personnel Date

(Office use only)



Keizy Shiro
Office of the Registrar
 P.O. Box 159
 Koror, Republic of Palau 96940
 Phone: (680) 488-2820/1339 Fax: (680) 488-2110
 keizyshiro@palaumoe.net

Received Date: _____

Data Input: