

What happens to this information?

Vision and hearing information is held on a nationwide data system and may be shared with other child health information programmes and Well Child Tamariki Ora Services including the B4 School Check.

If your child is found to have a hearing/vision loss this information is shared with the Ministry of Education to ensure early intervention services are offered to you and your child.

No published reports identify you or your child in any way.

All staff with access to this documentation adhere to the Health Information Privacy Code.

The results will be given to you via the Early Childhood Education Centre, Kohanga Reo, and/or school for your collection.



Contact us

Freephone or text: 0800 885 504
Email: visionhearing@southerndhb.govt.nz

Population Health - Vision Hearing Technicians

Otago

Private Bag 1921
Dunedin 9054

Southland

PO Box 828
Invercargill 9840

Queenstown

PO Box 2180
Frankton, Queenstown 9349

*We aim to uphold these values
when providing care to you:*

**Kind
Manaakitanga**

**Open
Pono**

**Community
Whanaungatanga**

**Positive
Whaiwhakaaro**

Vision Hearing Screening

Consent form

Return this form completed to your
Early Childhood Centre/school



Please Fill in the white section below and **return** form to your child's
Early Childhood Centre/school

Early Childhood Centre/school <i>(please list all centres your child attends)</i>										TYMP 1														
Child's Name:										Male / Female <i>(please circle)</i>														
Address:																								
Date of Birth:										Country of Birth:														
Cell/phone Number/s:																								
Email Address:																								
Ethnic Group <i>(please circle the group you most identify with)</i>																								
NZ Maori Pacific Island NZ European Asian Other:																								
Child's Doctor/Medical Centre:																								
Is your child currently under the care of, or recently been referred to:																								
A specialist for their hearing?										Date last seen?														
Yes ☐ No ☐										Remains under care/or has been discharged														
A specialist service/optometrist for their vision?										Date last seen?														
Yes ☐ No ☐										Yes ☐ wears glasses														
Remains under care/or has been discharged																								
Complete either option 1 or option 2 below:																								
1 I <i>(please print)</i> parent/guardian give consent for my child to be screened by the Vision Hearing Technician, and complete any follow-up referrals as required.																								
Signature:										Date:														
2 I <i>(please print)</i> parent/guardian wish to decline the offer of this vision and hearing screen for my child.																								
Signature:										Date:														
OFFICE USE ONLY										TYMP 2														
B4 School Hearing/Vision Check:										NHI:														
Hearing: Pass / Re-screen / Referral / Under Care																								
Vision: Pass / Re-screen / Referral / Under Care																								
Initial screen venue:										Re-screen venue:														
Date:					Technician:					Date:					Technician:									
Audiometry					Tympanometry					Audiometry					Tympanometry									
Right Ear		Left Ear		R)		L)		Right Ear		Left Ear		R)		L)										
500Hz								500Hz																
1000Hz								1000Hz																
2000Hz								2000Hz																
4000Hz								4000Hz																
Vision R)		L)		With/out confusion bars		R)		L)		With/out confusion bars														
Result						Result																		
Comments										Comments														
Quintile No.					B4SC database					Enrol					HCS uploaded					PHN				
Initial Screen					Entered: Date:					Entered: Date:					Entered: Date:					Yes/No Copy done:				
Rescreen					Entered: Date:					Entered: Date:					Entered: Date:					Yes/No Copy done:				

Ensuring children can hear and see well is critical to their ongoing development.

Qualified Vision Hearing Technicians provide a free service as part of the national Before School Check screening programme.

This has two parts:

1. Vision Hearing Screen at your child's school or pre-school.
2. The B4 School Nurse visit to complete the Well Child portion of the 4 year old check.

You can contact your local Vision Hearing Team and B4 School Nurse for an appointment as soon as your child turns four years of age.



Contact us

Freephone or text: 0800 885 504

Email: visionhearing@southerndhb.govt.nz

Population Health - Vision Hearing Technicians

Otago

Private Bag 1921
Dunedin 9054

Southland

PO Box 828
Invercargill 9840

Queenstown

PO Box 2180
Frankton, Queenstown 9349

*We aim to uphold these values
when providing care to you:*

**Kind
Manaakitanga**

**Open
Pono**

**Community
Whanaungatanga**

**Positive
Whaiwhakaaro**

How well can your child see and hear?

Vision and Hearing Screening



Why should my child's vision and hearing be screened?

Healthy vision and hearing is essential for your child's learning, growth and development. Your child's vision and hearing continues to develop and may change throughout childhood. It is important to detect any problems early through a vision and hearing screen.

How is vision and hearing screened?

Audiometry (hearing screen)



An audiometer with headphones presents a range of sounds. Hearing levels are determined by the responses given by the child during screening.

Tympanometry (screening for glue ear)

A child is only screened for this if a pass result is not achieved for audiometry. Tympanometry measures the pressure in the child's middle ear. This will identify glue ear, grommets or perforation/wax.

Vision (distance vision screen only)



This determines how well your child is able to see at a distance by using either a letter matching game or reading an eye chart.

When are children screened?

Four years: Vision and hearing (as one part of the B4 School Check)

New entrant: As above if not screened at four years

School Year seven: Distance vision only

Where can your child be screened?

Your child can be screened at their pre-school, school or at a free clinic. Clinics are by appointment, please contact your local Vision Hearing Team to arrange an appointment.

Freephone 0800 885 504

NOTE: Vision and hearing screening tests are not a full diagnostic assessment of your child.

If you have any ongoing concerns regarding your child's ears or eyes, please consult your family doctor, an optometrist or your school Public Health Nurse.