



B4 School Checks

Your child's name, date of birth, ethnicity and National Health Index (NHI) number will be recorded by the Vision and Hearing Technician and stored in the B4 School Check national information system, along with the results of the check. This information can only be used by authorized people who are working with your child and are coordinating the B4 School Check. The results of the test will be given to your child's early childhood education centre, Kohanga Reo, and/or school. B4 School Check national information system is held in accordance with B4 school privacy policy. For more information on the policy see <http://www.moh.govt.nz/b4schoolcheck>.

If you do not want your child's results entered onto the data base please let us know as soon as possible.

Contact:

B4 School Check administrator:

Ph (03) 476 9842

PUBLIC HEALTH SOUTH

Vision Hearing Technicians

PO Box 5144

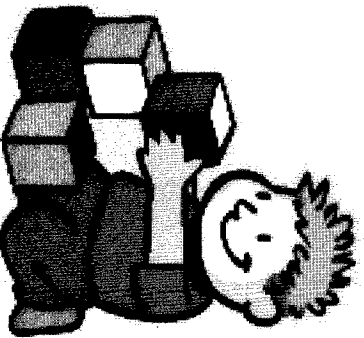
DUNEDIN 9058

Mon – Fri 8.30am – 4.30pm

Tel: (03) 476 9800

Fax: (03) 476 9858

www.phsouth.co.nz



Public Health
South

Vision & Hearing Screening Consent Form



TYPES OF CHECKS

Audiometry (hearing Test)

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

Tympanometry (glue ear checks)

This may identify

- Otitis media with effusion (fluid)
- Grommets/Perforation of ear drum
- Wax/Obstruction

Distance Vision

A test which may identify a problem in one or both eyes. Requires your child to match a shape/letter on a card from a 4 metre distance.

Public Health
South

Vision & Hearing Screening Programme Otago

Public Health South offers your child the opportunity to take part in a national screening programme for vision and hearing.

Screening is carried out by Vision Hearing Technicians.

SCREENING PROGRAMME IN OTAGO

Early childhood Centres / Schools (4 Yr+)

(A component of the B4 School Check).

- Audiometry
- Tympanometry
- Distance Vision

Year Sevens (11 Year olds)

- Distance Vision (All Children)
- Colour Vision (Boys only)

VISION HEARING CONSENT FORM

Early Childhood Centre/School

Child's First Name: _____

Child's Surname: _____

D.O.B: _____ Sex: M / F

Ethnic Group: (Please tick group you most identify with)

NZ European: NZ Maori:

Pacific Island: Asian:

Other: _____

Address: _____

_____ Post Code: _____

Phone: _____

Cell: _____

Please circle which applies to your child:

- Been under care E.N.T: Yes / No
- Currently has Grommets: Yes / No
- Been under care Eye Service: Yes / No
- Does your child wear glasses: Yes / No

Parent / Guardian

I DO Consent

I DO NOT Consent

Name: _____

Relationship: _____

Signed: _____

Date: _____

