



HAWAII DISTRICT 50 LIONS HEARING SCREENING PROGRAM



Hearing Screening Consent, Results & Notices Form

Dear Parents/Guardian of _____ Grade _____ Room _____

The **Hawaii Lions Club** will conduct a free hearing screening at _____ School on _____ . Please return this form to your child's teacher by _____ . Thank You.

By my signature, I consent to having my child's hearing screened by the Lions Hearing Screening Program. You may share the results with my child's doctor, audiologist, school, and the Lions Club.

Parent/Guardian Signature Date

Based on the results below, the following recommendations are advised:

- Your child **PASSED** the hearing screening. No further action is needed.
- It is recommended that your child be evaluated by a physician to rule out a medical condition that may affect your child's hearing.
- It is recommended that your child be evaluated by an audiologist to evaluate the presence of hearing loss.
 - A large amount of cerumen (ear wax) may be affecting your child's test results. It is recommended that your child be seen by a physician for cerumen removal and a medical exam before an audiological evaluation.
- If your child is currently under the care of a physician and/or hearing healthcare provider, continue follow-up recommendations.

Hearing Screening Results

UTT _____					Screener Initial or Station # _____	Screener Initial or Station # _____	Comments:							
Ear	Oto	Tymp 1	Tymp 2	OAE	Pure Tone @25 dB HL						RE-TEST Pure Tone @25 dB HL			
					1K	2K					4K	1K	2K	4K
R														
L														

Oto: W=Wax; FO=Foreign Object; T=Tube / = Pass X = Fail

FOLLOW-UP RESULTS (to be completed by MD &/or Audiologist)

- ___ Normal medical exam
- ___ Medical condition being treated for ___ right ___ left ear(s).
- ___ Cerumen removed from ___ right ___ left ear (s).
- ___ A Foreign Object was removed from the ___ right ___ left ear(s).
- ___ Hearing Loss was identified in the ___ right ___ left ears(s).

Please return to school health room.