



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:

- 1 Your child **PASSED** the hearing screening. No further action is needed.
 - 1a Did not meet referral criteria (DNMRC).
- 2 It is recommended that your child be evaluated by a physician to rule out a medical condition that may affect your child's hearing.
- 3 It is recommended that your child be evaluated by an audiologist to evaluate the presence of hearing loss.
 - 3a 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.
- 4 If your child is currently under the care of a physician and/or hearing healthcare provider, continue follow-up recommendations.

Hearing Screening Results

*UTT = Unable to Test Basic Test: Oto & OAE If OAE fails, test Tymp and Audio

*UTT		Screener Initial or Station # _____	OAE	** Tymp	Screener Initial or Station # _____		Comments:
CNT	DNT				PNA	2K	
Ear	Oto						** Attach Tymp printout with child's name to data sheet only for Tymp failure
Right							
Left							

Oto: W=Wax; FO=Foreign Object; T=Tube; also briefly describe unusual findings; /= 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.