Hearing Screening Consent, Results & Notices Form



| Dear Parents/Guardian of | | | | | | Gra | nde | Room | · |
|--|----------|-------------------------------------|------------|---------------------------------|-----------|------------------|-------------|---|----------------|
| The Hawaii Lions Club will conduct a free hearing screening on Please return this form to your child's teach | | | | | | ng at her by | | Thank Y | School You. |
| | | consent to ha share the results | | | | | | | |
| Parent/Guardian Signature Dat | | | | | | | | | |
| Based on t | he resul | ts below, the fo | llowing | recomm | endatio | ns are advised | d: | | |
| | | SSED the hearin meet referral cr | 0 | 0 | | action is neede | ed. | | |
| | | ded that your ch your child's he | | valuated b | by a phys | sician to rule o | out a me | dical condition | on |
| of hear | ing loss | ded that your ch amount of ceru | | | | U | | 1 | 3 |
| Ja | recomn | nended that your | r child be | e seen by | | | | | |
| exam before an audiological evaluation. If your child is currently under the care of a physician and/or hearing healthcare provider, continue | | | | | | | | | |
| | • | mmendations. s not screened d | ue to not | nassing | he nre-s | creening tem | oerature (| check Wea | dvise |
| | | lt your child's p | | | - | 0 1 | | | uvise |
| | | He | aring S | Screenii | ıg Resi | ılts | | | |
| *UTT = 1 | Unable | to Test | Basic Te | st: Oto & | 2 OAE | If OAE f | fails, test | Tymp and A | udio |
| 011 | | Screener Initial or Station # | | Screener Initial or Station # | | Comments | : | | |
| Ear | Oto | OAE | ** Tymp | Audio Pure Tone @25 dB HL | | | | | |
| | | | | 2K | 4K | | | | |
| Right | | | | | | | | | |
| Left | | | | | | | with | ttach Tymp prin child's name to t only for Tymp | o data |
| Oto: W=Wa | ax; FO= | Foreign Object | ; T=Tube | ; also br | iefly des | cribe unusual | findings | ; $/=$ Pass 2 | 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.