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.