

Child's name: _____ Screening date:

Grade: _____

Failed screening: Left ear: Frequency 1000, 2000, 4000
Right ear: Frequency 1000, 2000, 4000

Dear Doctor,

The school hearing screening indicates this student has a possible hearing deficiency as noted in the results above. Please advise the course of action. Thank you for your cooperation.

_____ School Nurse

Please complete:

HEARING EXAMINATION

Hearing problem found:	Left	Right
Congenital	_____	_____
Otitis Media	_____	_____
Wax, obstruction	_____	_____
No problem found	_____	_____

Follow-up appt: _____

Comments/Recommendations:

Physician's signature: _____ **Date:** _____

Phone number: _____

Address: _____
