

**MARPLE NEWTOWN SCHOOL DISTRICT
NEWTOWN SQUARE, PENNSYLVANIA 19073
HEALTH SERVICES DIVISION**

Hearing Referral

Date: _____

Dear Parents:

Your child did not pass a recent hearing test given in school. The hearing test is a screening procedure and failure indicates that your child should have a more complete ear examination and diagnosis by a physician.

Please request the physician to complete the lower portion of this letter. You are requested to sign and return the completed form to your child's school nurse.

School Nurse _____

School _____

Telephone Number _____

HEARING EXAMINATION REPORT

Student's Name _____ Date examined _____

School _____ Grade _____ Age _____ Room _____

Tentative diagnosis _____

Type of hearing loss _____

Prognosis _____

Recommendations _____

Physician's signature

Parent's signature

Physician's printed name

Date

Physician's Phone Number