

FERNDALE SCHOOL DISTRICT NO. 502
Ferndale, WA 98248

HEARING SCREEN REFERRAL

Student: _____ Address: _____
Grade: _____ City, State, Zip: _____
School: _____ Phone: _____
Address: P.O. Box _____
City, State, Zip: _____
Phone: (360) _____ Fax: (360) _____

Dear Parent/Guardian:

Results of hearing screening at school indicate that your child should have an examination by your health care provider. There can be many reasons for failing the hearing screen. Some things are more temporary (like a cold or ears blocked by wax) or it could be an injury to the hearing mechanism. It is important to find out the reason.

Screening results @ 20 dB:

Right ear failed at the following frequencies: __1000Hz; __2000Hz; __4000Hz

Left ear failed at the following frequencies: __1000Hz; __2000Hz; __4000Hz

Other findings: _____

Please take this form with you when the examination is to be done, and return this completed report to the attention of the "School Nurse" at the school office. If you need help finding a health care provider or have any other questions, please call me.

Thank you,

School Nurse

Date

Phone

Health care provider evaluation and recommendation:

Signature

Clinic Name

Date of exam

Clinic phone

Parents/Guardians, please return this report to school

