

HEARING REFERRAL

School _____

Date: _____

Student : _____

Birth date _____ Grade _____

Teacher _____

Dear Parent:

One of the services of the School Health Program is periodic hearing testing. Recent testing of your child indicates the need for further evaluation. A copy of the most recent test results is below and an explanation is on the back. Please sign below and take this referral to your child's physician. Contact your School Nurse if you have questions or need financial assistance.

School Nurse _____

Phone: _____

Parent Authorization _____

AUDIOMETRIC REPORT TO PHYSICIAN

Pure Tone Audiogram - ANSI

RT					
	500	1000	2000	3000	4000
LT					

Date _____

Audiometrist _____

Tympanogram (see explanation on other side)

RT: Type _____ Peak at _____ mmH O _____ compliance _____ Vol _____

LT: Type _____ Peak at _____ mmH O _____ compliance _____ Vol _____

Cold
Allergy
Earache
Noise Exposure

Pure Tone Audiogram - ANSI

RT					
	500	1000	2000	3000	4000
LT					

Date _____

Audiometrist _____

Tympanogram (see explanation on other side)

RT: Type _____ Peak at _____ mmH O _____ compliance _____ Vol _____

LT: Type _____ Peak at _____ mmH O _____ compliance _____ Vol _____

Cold
Allergy
Earache
Noise Exposure

School Nurse's Comments: _____

PHYSICIAN'S REPORT TO THE SCHOOL

Pure Tone Audiogram - ANSI

RT					
	500	1000	2000	3000	4000
LT					

Tympanogram (see explanation on other side)

RT: Type _____ Peak at _____ mmH O _____ compliance _____ Vol _____

LT: Type _____ Peak at _____ mmH O _____ compliance _____ Vol _____

PHYSICIAN'S DIAGNOSIS, TREATMENT AND RECOMMENDATIONS OR SUGGESTIONS TO SCHOOL

Date: _____ Physician's Signature _____

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL NURSE

11-93 White: PARENT Yellow: HEALTH INSERT Pink: SCHOOL NURSE

Phone _____

Please print name _____



AUDIOGRAM - A test to measure the ability to hear pure tones.

The numbers between the boxes are frequencies (itches). The numbers written in the boxes are decibel measurements of volume or loudness. Any level over 20 may indicate a problem.

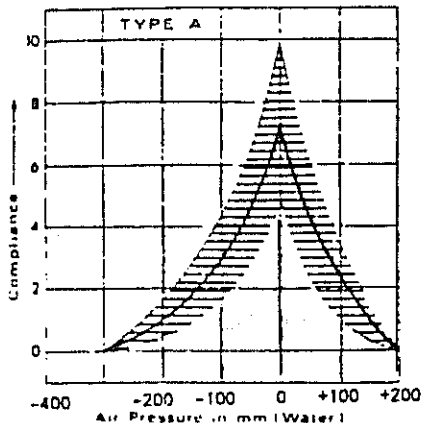
Hearing levels change from day to day; they are affected by colds, allergies, wax, and sinus problems. Most are easily corrected by medical treatment.

Communication occurs in the speech range between the frequencies of 500 and 4000. A loss in the higher frequencies (6000 - 8000) may indicate damage due to exposure to noise.

TYMPANOGRAM

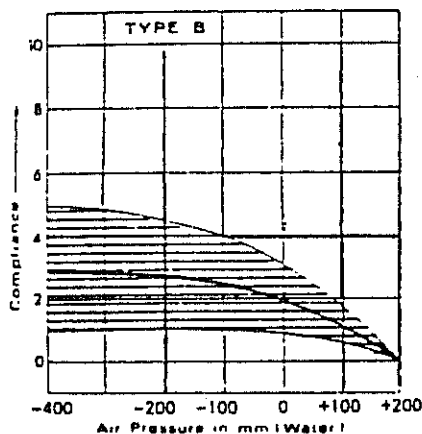
TYPE A (NORMAL) TYMPANOGRAM

There is a peak which falls somewhere between +100 and -100 mm H₂O (horizontal scale) and between 3 and 10 on the compliance scale (vertical scale). This means that the eardrum is intact, that it moves normally and that the air pressure in the middle ear is within normal limits. Tympanogram - a test of middle ear function, it does not necessarily mean normal hearing.



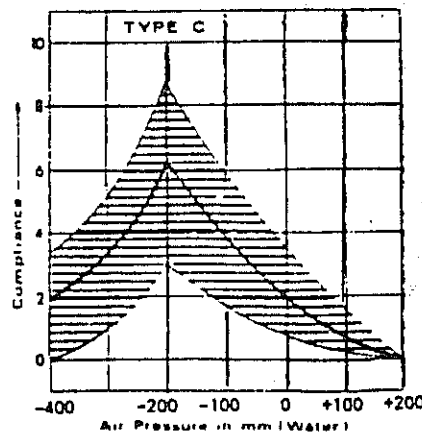
TYPE B TYMPANOGRAM

There is no peak and the height of the tympanogram tracing is low and primarily flat (low relative compliance). This indicates a poorly mobile tympanic membrane which may be indicative of fluid in the middle ear space, severely retracted ear drum, perforated tympanic membrane, complete blockage of the external ear canal with wax or debris, or presence of a patent ventilation tube.



TYPE C TYMPANOGRAM

The peak occurs at a point more negative than 200 mm H₂O on the horizontal scale (normal compliance at a negative pressure). This indicates a retracted tympanic membrane which may be indicative of oncoming or resolving middle ear disease, poor eustachian tube function, or middle ear fluid.



Normal Volumes: Child = -.6 cc - 1.0 cc Adult = 1.0 cc - 2.0 cc
An above normal reading may be due to a hole in the eardrum or an open tube.
A below normal reading may be due to wax or debris in the ear canal.

Referencia para Examen del Oído

(explicación del formulario acompañante)

Estudiante: _____

Escuela: _____

Fecha de Nacimiento: _____

Maestra/o: _____ Grado: _____

Estimados Padres:

Uno de los servicios del Programs de Salud Escolar es un examen periódico del oído. Examinación reciente de su hijo/a revela una necesidad para examinación mas completa. Una copia de los resultados de esta examinación se encuentra en la forma del ingles, incluido (HEARING REFERRAL), con explicación al dorso. Favor de firmar esa referencia (del ingles) y llevarlo al médico de su hijo/a. Puede hacer contacto con la enfermera de la escuela si tengan preguntas o necesiten ayuda financiera.

Autorización del Padre/Madre

Enfermera Escolar _____

Telefono _____

Fecha _____