



**Building Excellence  
Health Services**

**HEARING SCREENING FORM**

**STUDENT'S NAME:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**INITIAL EXAMINER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEARING CRITERIA:** Pure-tone Audiometry-Tympanometry. A student needs referral if he/she does not respond to any one tone (frequency) at 20 to 25 decibel hearing level in either ear.

**KEY: P= PASS F=FAIL**

Screening Date:					Recheck Date:				
EAR	HL	Frequency HZ			EAR	HL	Frequency HZ		
		1000	2000	4000			1000	2000	4000
Right Ear	20				Right Ear	20			
Left Ear	20				Left Ear	20			

**Examiner:** \_\_\_\_\_

**Audiometer:** \_\_\_\_\_

**Calibration Date:** \_\_\_\_\_

**Tympanometry:** \_\_\_\_\_

**RE:** \_\_\_\_\_

**LE:** \_\_\_\_\_

**Examiner:** \_\_\_\_\_

**Audiometer:** \_\_\_\_\_

**Calibration Date:** \_\_\_\_\_

**Tympanometry:** \_\_\_\_\_

**RE:** \_\_\_\_\_

**LE:** \_\_\_\_\_

**Remarks:**

- ☐ Within Normal Limits
- ☐ Needs Rescreen (within two weeks)
- ☐ Needs Referral

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**Resolution of Problem:** \_\_\_\_\_

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

**Date:** \_\_\_\_\_ ☐ Pass ☐ Fail **Examiner:** \_\_\_\_\_