

HEARING SCREENING

NAME: _____ DATE: _____

LOCATION: _____ EXAMINER: _____

OTOSCOPIC IMPRESSIONS: (AD = right, AS = left, AU = binaural)

External Ear: _____ Cerumen: absence _____
 moderate amt. _____
 obstruction _____

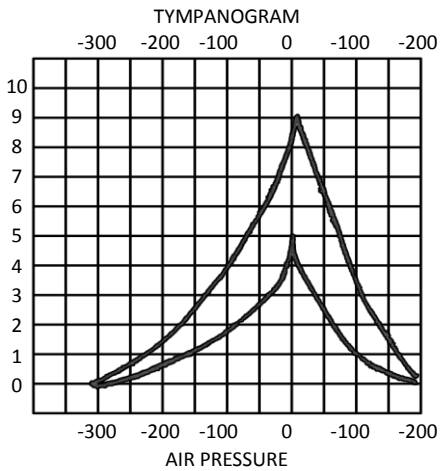
PURE TONE AIR CONDUCTION THRESHOLDS: Audiometer _____

	500Hz	1000Hz	2000Hz	4000Hz
Right Ear				
Left Ear				

Hearing Screening Threshold Level in dB (ANSI 1969)

Pass [] Fail [] Reliable [] Difficult to Test []

TYMPANOMETRY



Pass [] Fail []

SUMMARY AND RECOMMENDATIONS: