

HEARING SCREENING WORKSHEET

Name _____
Age _____ Sex Male Female
Location of Screening _____
Date _____ Tester _____

Otosopic Screen	Right Ear	Left Ear
TM Visualized	_____	_____
Excessive Earwax	_____	_____
Other	_____	_____

Impedance Test Results

Type A = Normal middle ear functioning
Type B = Restricted movement of the eardrum
Type C = Negative pressure in the middle ear

Pure Tone Results

*20 dBHL

	500	1000	2000	4000	6000
R	()	()	()	()	()
L	()	()	()	()	()

P = passed

F = failed

Summary

	PASS	FAIL
Otosopic Screen	_____	_____
Impedance	_____	_____
Pure Tone Screen	_____	_____

Recommendations

_____ Pass screen; no follow-up required at this time

_____ Prefer for complete audiologic exam

_____ Refer to physician due to _____

Notes
