						HAS ID		
		I		1				
Date		O Male	O Female	Do			Age	(years) O Not sure
Event		Location			Athlete O Unified	partner	Sport	
Delegation Call phane pumber					Program	+a's 0 =	D#6===1	/ Cuprdis = \s
Cell phone number		ontional 1	t may be used to a		mber is O Athle			mended after screening
Providing a priorie i	iumber is	орионат. 1	it may be used to c	all or se	ena reminaers ii i	ollow up i	s recom	mended after screening
Questions for a Hearing?	thlete to O Good	answer:	O Not good	0	Not sure			Special Olympics
Pain in ear?	O Yes: I	eft / right	O No	0	Not sure			Healthy Hearing
Hearing aids? → IF "Yes", wear		eft / right aids now	O No at event? O Yes	O O No	Not sure			SAN
Station 1: Ear (Screener's Name	Canal Scr	een / Oto	oscopy				7	
Right	O Clea	r	O Partially Blocked	l	O Blocked	(print	:)]	
Ear wax removed		es Dear	Yes, partially CO Partially Block	□ No ed	☐ Not possib O Blocked	ole	□ Ath	nlete refused
Extra otoscopic findings: Perforation of ear d Discharge Foreign object in each of the common control of the control o			of ear drum ject in ear canal	□ Atr			tis externa etic ear zema in ear canal (NOT for Ear Wax)	
Left	O Clea	r	O Partially Blo	cked	O Blocked			
Ear wax removed	l: 🗆 Y O Clea] Yes, partially [O Partially Blocked	□ No I	☐ Not possib O Blocked	ole	□ Ath	nlete refused
	Extra otoscopic findings: □ Perforation of ear drum □ Discharge □ Foreign object in ear canal □ Other: → □ Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)					ar canal		
Station 2:	Otoacou	stic Emis	sions Screen				_	
Screener's Name						(print	:)	
Right	O Pass O Ca	O No l an't Test	Pass If 'Ca	an't Te	st', select reaso	n:	□ Pr □ Ex	annot achieve seal obe blocked by cerumen cessive noise hlete refused testing
Left	O Pass	s O N an't Test	o Pass If 'Ca	an't Te	st', select reaso	on:	□ Pr □ Ex	annot achieve seal obe blocked by cerumen cessive noise hlete refused testing

Lastname

Firstname

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Right AC Left AC Unmasked BC Right BC Left 1000	
Can't Test	☐ Cannot achieve seal☐ Probe blocked by cerumen
Right O Pass O No Pass If 'Can't Test', select reason: O Can't Test based on Tympanometry) Left O Pass O No Pass If 'Can't Test', select reason: (If not possible, do not refer based on Tympanometry) Station 4: Pure Tone Screen at 25dB Hearing Level Screener's Name	☐ Cannot achieve seal☐ Probe blocked by cerumen
Can't Test Can	☐ Probe blocked by cerumen
Left O Pass O No Pass If 'Can't Test', select reason:	☐ Athlete refused testing
(If not possible, do not refer based on Tympanometry) Station 4: Pure Tone Screen at 25dB Hearing Level Screener's Name	-
Station 4: Pure Tone Screen at 25dB Hearing Level Screener's Name (pri Right 2000Hz	☐ Cannot achieve seal☐ Probe blocked by cerumen
Right 2000Hz O Pass O No Pass O Can't Test If 'Can't Test' 4000Hz O Pass O No Pass O Can't Test select reason: Left 2000Hz O Pass O No Pass O Can't Test select reason: Left 2000Hz O Pass O No Pass O Can't Test select reason: Station 5: Pure Tone Threshold Test select reason: Station 5: Pure Tone Threshold Test (pr Right AC Left AC Unmasked BC Right BC Left 1000	☐ Athlete refused testing
Right 2000Hz O Pass O No Pass O Can't Test select reason: Left 2000Hz O Pass O No Pass O Can't Test select reason: Left 2000Hz O Pass O No Pass O Can't Test select reason: Station 5: Pure Tone Threshold Test Tester's Name (pr Right AC Left AC Unmasked BC Right BC Left 1000	\neg
2000Hz O Pass O No Pass O Can't Test Select reason: Left 2000Hz O Pass O No Pass O Can't Test Select reason: Left 2000Hz O Pass O No Pass O Can't Test Select reason: Station 5: Pure Tone Threshold Test ester's Name (pr Right AC Left AC Unmasked BC Right BC Left 1000	nt)
O Pass O No Pass O Can't Test 4000Hz O Pass O No Pass O Can't Test 4000Hz O Pass O No Pass O Can't Test 4000Hz O Pass O No Pass O Can't Test Station 5: Pure Tone Threshold Test Tester's Name (pr Right AC Left AC Unmasked BC Right BC Left AC	☐ Could not train to respond☐ Excessive noise☐ Athlete refused testing
Right AC Left AC Unmasked BC Right BC Left 1000	☐ Could not train to respond☐ Excessive noise☐ Athlete refused testing
Right AC Left AC Unmasked BC Right BC Left 1000	
1000 2000 3000 7	int)
1000	ft BC
3000	
4000	/
O masked O masked	
Key: NR = No Response at Maximum Level	pakad
□ Excessive noise □ Athlete refused testing □ Reliable □ Unreliable Extra Services Provided At The Event □ Hearing Aid Repair/Maintenance □ Ear Mold for Hearing Aid □ Hearing Aid □ Hearing Aid □ Medical Evaluation of Ears □ Hearing Aid Voucher □ Swim Plugs □ Replacement of Ear Molds	<u>asked</u>
Recommended Follow-up Care Hearing Aid Repair/Maintenance Ear Mold for Hearing Aid Hearing Aid Hearing Aid Hearing Aid Hearing Aid Hearing Aid Repair/Maintenance Audiological Evaluation of Hearing Aid Swim Plugs Replacement of Ear Molds	
☐ Hearing Aid Repair/Maintenance ☐ Urgent Follow-up Needed ☐ Cerumen Removal ☐ Medical Evaluation of Ears ☐ Hearing Aid ☐ Medical Evaluation of Hearing Aid ☐ Audiological Evaluation of Hearing Swim Plugs ☐ Replacement of Ear Molds	
☐ Ear Mold for Hearing Aid ☐ Cerumen Removal ☐ Hearing Aid ☐ Medical Evaluation of Ears ☐ Audiological Evaluation of Hearing Swim Plugs ☐ Replacement of Ear Molds	
☐ Ear protection (Noise Plugs) ☐ Hearing Aid Repair/Maintenance ☐ Education Provided ☐ Hearing Aid Evaluation and Fittin ☐ Other: ☐ Swim Plugs ☐ Ear protection (Noise Plugs)	
Comments	
Print Name of HH Clinical Director Sig	

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