Ohio Department of Health

Hearing Screening Record

School Year

Name			Age	Date
Grade	School	Tester		

For Pure Tones

Put a "P" (pass) under the column marked "R" (right) if the child hears all three test tones in the right ear. Put a "F" (fail) under this column if the child does not hear all three test tones. Do the same for the left ear.

For Tympanometry

Put a "P" (pass) under the column marked "R" (right) if the child passes. Put a the amount of negative pressure or flat if the child fails. Do the same for the left ear.

Name of Student	1st Screening				2nd Screening				Date of 2nd Screening	Referral Letter Sent
	Pure Tones		Tympanometry (optional)		Pure Tones		Tympanometry (optional			
	R	L	R	L	R	L	R	L		

Name of Student	1st Screening				2nd Screening				Date of 2nd Screening	Referral Letter Sent
	Pure Tones		Tympanometry (optional)		Pure Tones		Tympanometry (optional			
	R	L	R	L	R	L	R	L		