

Firstname	Lastname	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	

Station 1: Ear Canal Screen: O First O Second Ear Canal Screen after Cerumen removal

Screener's Name _____ (print)

- Right Clear Partially Blocked Blocked
- Follow-up needed
- Refer for medical exam of retracted eardrum Unusual ear canal
- Reports upper respiratory infection or allergy Atretic ear
- Foreign object in ear canal Refer for Cerumen removal
- Perforation of ear drum

- Left Clear Partially Blocked Blocked
- Follow-up needed
- Refer for medical exam of retracted eardrum Unusual ear canal
- Reports upper respiratory infection or allergy Atretic ear
- Foreign object in ear canal Refer for Cerumen removal
- Perforation of ear drum



Station 2: Otoacoustic Emissions Screen

Screener's Name _____ (print)

- Right Pass No Pass *If No Pass, Go to Stations 3 and 4* Cannot achieve seal
- Canal blocked by cerumen
- Excessive noise
- Athlete refused testing

- Left Pass No Pass *If No Pass, Go to Stations 3 and 4* Cannot achieve seal
- Canal blocked by cerumen
- Excessive noise
- Athlete refused testing

Station 3: Tympanometry Screen

Screener's Name _____ (print)

- Right Pass No Pass Ear Exam Recommended Evidence of middle ear pathology
- Large ear canal volume
- Could not achieve seal
- Athlete refused testing

- Left Pass No Pass Ear Exam Recommended Evidence of middle ear pathology
- Large ear canal volume
- Could not achieve seal
- Athlete refused testing

Station 4: Pure Tone Screen at 25dB Hearing Level (2000Hz)

Screener's Name _____ (print)

- Right Pass No Pass Hearing Eval Recommended Good conditions for screening
- Could not train to respond
- Poor earphone fit
- Excessive noise

- Left Pass No Pass Hearing Eval Recommended Good conditions for screening
- Could not train to respond
- Poor earphone fit
- Excessive noise

Station 4: Pure Tone Screen at 25dB Hearing Level (4000Hz)

Screener's Name _____ (print)

- Right Pass No Pass Hearing Eval Recommended Good conditions for screening
- Could not train to respond
- Poor earphone fit
- Excessive noise

- Left Pass No Pass Hearing Eval Recommended Good conditions for screening
- Could not train to respond
- Poor earphone fit
- Excessive noise

Firstname	Lastname	HAS ID _____
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Station 5: Pure Tone Threshold Test

Tester's Name _____ (print)

Threshold Testing Done

Test Frequencies

Air-Conduction	1000	2000	3000	4000	8000
Right					
Left					
Bone-Conduction*					

Reliability		
High	Good	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*without masking Key: D = Did Not Test C = Could Not Test

Type of hearing loss, and degree of loss using better ear:

- Bilateral Sensorineural Hearing Loss
 - Mild Moderate Severe
 - Right Left
- Unilateral Sensorineural Hearing Loss
 - Mild Moderate Severe
- Bilateral Conductive Hearing Loss
 - Mild Moderate Severe
 - Right Left
- Unilateral Conductive Hearing Loss
 - Mild Moderate Severe
- Mixed Bilateral Hearing Loss
 - Mild Moderate Severe
- Mixed Unilateral Hearing Loss
 - Mild Moderate Severe
 - Right Left
- Normal Hearing
 - Right Left Both

Services Provided At The Event

- Ear Canal Inspection
- Hearing Screening
- Middle Ear Screening
- Hearing Threshold Testing
- Hearing Aid Repair/Maintenance
- Ear Mold for Hearing Aid Right
- Ear Mold for Hearing Aid Left
- Hearing Aid Right
- Hearing Aid Left
- Noise Earplugs
- Swim Plugs Right
- Swim Plugs Left
- Counseling Athlete/Coach/Other
- Report to Athlete/Coach/Other
- Brochure Hearing Loss Athlete
- Brochure Hearing Loss Coach/Other
- Brochure Noise Athlete
- Brochure Noise Coach/Other

Recommended Follow-up Care

- Cerumen Removal Right Left Both
- Medical evaluation of ears
- Audiological evaluation of hearing
- Ear molds for hearing aid use
- Hearing aid evaluation and fitting
- Hearing aid orientation program
- Aural rehabilitation program including auditory training and speech reading
- Noise Earplugs
- Swim Plugs

Comments

Signature of HH Clinical Director	Print Name of HHCD
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