

# Healthy Hearing Program Special Olympics International



## Pure Tone Threshold Test Results/Recommendations

\_\_\_\_\_  
Athlete's Name (print)

\_\_\_\_\_  
Special Olympics Event (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's Address (print)

\_\_\_\_\_  
Athlete's Phone Number

You participated in pure tone threshold testing because you did not pass hearing screening  Right  Left

You did not pass middle ear screening  Right  Left

Your ear canal showed excessive ear wax  Right  Left

Pure tone threshold tests showed the following **Type** and **Degree** of hearing loss:

Bilateral Sensorineural Hearing Loss

Mild  Moderate  Severe

Unilateral Sensorineural Hearing Loss  Right  Left

Mild  Moderate  Severe

Bilateral Conductive Hearing Loss

Mild  Moderate  Severe

Unilateral Conductive Hearing Loss  Right  Left

Mild  Moderate  Severe

Mixed Bilateral Hearing Loss  Right  Left

Mild  Moderate  Severe

Mixed Unilateral Hearing Loss  Right  Left

Mild  Moderate  Severe

Normal Hearing  Right  Left  Both

Recommendations for Follow-up Services:

Ear wax 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

Services provided to you at this Special Olympics 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 Earplug Right

Noise Earplug Left

Counseling Athlete/Coach/Other

Report Athlete/Coach/Other

Brochure Hearing Loss Athlete

Brochure Hearing Loss Coach/Other

Brochure Noise Athlete

Brochure Noise Coach/Other

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print)

Audiologist / Physician or  HH Clinical Director

ENGLISH