

Healthy Hearing Program Special Olympics International

Screening Follow-up Recommendations

Athlete's Name (print)	Special Olympics Event (print)	Date
Athlete's Address (print)		Athlete's Phone Number

- You Did Not Pass Hearing Screening
 Right
 Left
- You Did Not Pass Middle Ear Screening
 Right
 Left
- Services you received at this Special Olympics event include:

 Ear canal inspection
 Hearing screening
 Middle Ear screening

 Noise protection brochure
 Hearing Loss Brochure

 Other _____

- Recommendations

 See physician for ear wax removal
 Right
 Left

 See physician for possible middle ear problems
 Right
 Left

 See audiologist for evaluation of your hearing

Comments _____

_____ (signature) _____ (print)

Audiologist or Physician
 HH Clinical Director