### Screening Summary Results

<table>
<thead>
<tr>
<th>Athlete’s Name (print)</th>
<th>Special Olympics Event (print)</th>
<th>Date</th>
</tr>
</thead>
</table>

- **Congratulations!** You passed your hearing screening in both ears

- **Services you received at this Special Olympics event include:**
  - [x] Ear canal inspection
  - [x] Hearing screening
  - [ ] Noise protection brochure
  - [ ] Other ________________
  - [ ] Middle Ear screening

- [ ] You Need To:
  - [ ] see your physician for ear wax removal
  - [ ] Right
  - [ ] Left
  - [ ] see your physician for possible middle ear problems
  - [ ] Right
  - [ ] Left

ENGLISH