Questions for athlete to answer:

<table>
<thead>
<tr>
<th>Hearing?</th>
<th>Yes</th>
<th>No</th>
<th>Not Good</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: left / right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No: left / right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

> IF “Yes”, wears hearing aids now at event? O Yes O No

Station 1: Ear Canal Screen / Otoscopy

<table>
<thead>
<tr>
<th>Screener’s Name:</th>
<th>(Print)</th>
</tr>
</thead>
</table>

**Right**
- O Clear
- O Partially Blocked
- O Blocked

**Ear wax removed**
- O Yes
- O Yes, partially
- O No
- O Not possible
- O Athlete refused

**Extra otoscopic findings:**
- Perforation of ear drums
- Discharge
- Foreign object in ear canal
- Otitis externa
- Atretic ear
- Eczema in ear canal

**Left**
- O Clear
- O Partially Blocked
- O Blocked

**Ear wax removed**
- O Yes
- O Yes, partially
- O No
- O Not possible
- O Athlete refused

**Extra otoscopic findings:**
- Perforation of ear drums
- Discharge
- Foreign object in ear canal
- Otitis externa
- Atretic ear
- Eczema in ear canal

Station 2: OAE Screen

<table>
<thead>
<tr>
<th>Screener’s Name:</th>
<th>(Print)</th>
</tr>
</thead>
</table>

**Right**
- O Pass
- O No Pass
- O Can’t Test

**If "Can’t Test"**

**Select reason:**
- Screening not allowed
- Cannot achieve seal
- Probe blocked by cerumen
- Excessive noise
- Athlete refused testing

**Left**
- O Pass
- O No Pass
- O Can’t Test

**If "Can’t Test"**

**Select reason:**
- Screening not allowed
- Cannot achieve seal
- Probe blocked by cerumen
- Excessive noise
- Athlete refused testing
### Station 3: Tympanometry Screen

**Screener’s Name:**

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Pass</td>
<td>O Pass</td>
</tr>
<tr>
<td></td>
<td>O No Pass</td>
<td>O No Pass</td>
</tr>
<tr>
<td></td>
<td>O Can’t Test</td>
<td>O Can’t Test</td>
</tr>
</tbody>
</table>

- **If “Can’t Test” Select reason:**
  - Screening not allowed
  - Cannot achieve seal
  - Probe blocked by cerumen
  - Athlete refused testing

---

### Station 4: Pure Tone Screen at 25dB Hearing Level

**Screener’s Name:**

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Pass</td>
<td>O Pass</td>
</tr>
<tr>
<td></td>
<td>O No Pass</td>
<td>O No Pass</td>
</tr>
<tr>
<td></td>
<td>O Can’t Test</td>
<td>O Can’t Test</td>
</tr>
</tbody>
</table>

- **If “Can’t Test” Select reason:**
  - Could not train to respond
  - Excessive noise
  - Athlete refused testing

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### Station 5: Pure Tone Thresholds

**Screener’s Name:**

<table>
<thead>
<tr>
<th></th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>6000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right AC</td>
<td></td>
<td></td>
<td></td>
<td>O masked</td>
<td></td>
</tr>
<tr>
<td>Left AC</td>
<td></td>
<td></td>
<td></td>
<td>O masked</td>
<td></td>
</tr>
<tr>
<td>Unmasked BC</td>
<td></td>
<td>/</td>
<td>/</td>
<td>O masked</td>
<td></td>
</tr>
<tr>
<td>Right BC</td>
<td></td>
<td>/</td>
<td>/</td>
<td>O masked</td>
<td></td>
</tr>
<tr>
<td>Left BC</td>
<td></td>
<td>/</td>
<td>/</td>
<td>O masked</td>
<td></td>
</tr>
</tbody>
</table>

- **Comment:** If you obtain no response at the maximum intensity level, please write the maximum loudness level that you tested, preceded by a + sign.

- **Pure tone thresholds:**
  - Reliable
  - Unreliable
  - Could not train to respond
  - Excessive noise
  - Athlete refused testing

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### Extra Services Provided At The Event

- Hearing Aid Repair/Maintenance
- Ear Mold for Hearing Aid
- Hearing Aid Fitting
- Hearing Aid Voucher
- Swim Plugs
- Ear protection (Noise Plugs)
- Education Provided
- Other: ..........................................................

### Recommended Follow-up Care

- Urgent Follow-up Needed
- Cerumen Removal
- Medical Evaluation of Ears
- Audiological Evaluation of Hearing
- Replacement of Ear Molds
- Hearing Aid Repair/Maintenance
- Hearing Aid Evaluation and Fitting
- Swim Plugs
- Ear protection (Noise Plugs)

### Comments

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**Print Name of HH Clinical Director**

**Signature of HH Clinical Director**

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