

First name	Last name	HAS ID -----
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Date	<input type="radio"/> Male	<input type="radio"/> Female	DoB	Age (years)	<input type="radio"/> Not sure
Event	Location		<input type="radio"/> Athlete <input type="radio"/> Unified Partner	Sport	
Delegation			SO Program		
Cell phone number			Number is:	<input type="radio"/> Athlete's	<input type="radio"/> Parent's / Guardian's

Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening

Questions for athlete to answer:

- Hearing?: Good Not Good Not Sure
Pain in ear? Yes: left / right Not Good Not Sure
Hearing Aids? Yes: left / right Not Good Not Sure
➔ IF "Yes", wears hearing aids now at event? Yes No



Station 1: Ear Canal Screen / Otoscopy

Screener's Name: (Print)

- Right** Clear Partially Blocked Blocked
Ear wax removed Yes Yes, partially No Not possible Athlete refused
 Clear Partially Blocked Blocked

Extra otoscopic findings:

- Perforation of ear drums Otitis externa
 Discharge Atretic ear
 Foreign object in ear canal Eczema in ear canal
 Other:
➔ Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)
➔ Urgent referral needed
➔ OAE and Tympanometry screening not allowed

- Left** Clear Partially Blocked Blocked
Ear wax removed Yes Yes, partially No Not possible Athlete refused
 Clear Partially Blocked Blocked

Extra otoscopic findings:

- Perforation of ear drums Otitis externa
 Discharge Atretic ear
 Foreign object in ear canal Eczema in ear canal
 Other:
➔ Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)
➔ Urgent referral needed
➔ OAE and Tympanometry screening not allowed

Station 2: OAE Screen

Screener's Name: (Print)

- Right** Pass No Pass 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** Pass No Pass Can't Test
If "Can't Test" Select reason: Screening not allowed
 Cannot achieve seal
 Probe blocked by cerumen
 Excessive noise
 Athlete refused testing

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Station 3: Tympanometry Screen

Screener’s Name: _____ (Print)

Right Pass No Pass Can’t Test **If “Can’t Test” Select reason:**
 (If not possible, do not refer based on Tympanometry)
 Screening not allowed
 Cannot achieve seal
 Probe blocked by cerumen
 Athlete refused testing

Left Pass No Pass Can’t Test **If “Can’t Test” Select reason:**
 (If not possible, do not refer based on Tympanometry)
 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: _____ (Print)

Right
2000Hz Pass No Pass Can’t Test **If “Can’t Test” Select reason:**
4000Hz Pass No Pass Can’t Test
 Could not train to respond
 Excessive noise
 Athlete refused testing

Left
2000Hz Pass No Pass Can’t Test **If “Can’t Test” Select reason:**
4000Hz Pass No Pass Can’t Test
 Could not train to respond
 Excessive noise
 Athlete refused testing

Station 5: Pure Tone Thresholds

Screener’s Name: _____ (Print)

	1000	2000	3000	4000	6000	
Right AC						O masked
Left AC						O masked
Unmasked BC			/		/	
Right BC			/		/	O masked
Left BC			/		/	O masked

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

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	
Print Name of HH Clinical Director	Signature of HH Clinical Director