



Station 1: Check In

First Name: _____ Last Name: _____ HAS ID: _____
 Event Date: ____/____/____ Date of Birth (mm/dd/yyyy): ____/____/____ Age (years): _____
 Event Location (City, State/Province or Country): _____ Delegation/SO Program: _____
 Gender: Female Male Prefer not to answer Athlete Status: Athlete Unified partner Non-athlete with IDD Other
 Sport: _____ Cell Phone: _____ Number is: Athlete's Parent's/Guardian's

Providing a phone number is optional. It will be used to send a text reminder if any follow-up is recommended after screening.

Do you think you have a hearing loss?						
Yes	No	I don't know	Did not answer			
Do you think you hear better in one ear over the other?						
Yes	No	I don't know	Did not answer			
<i>If yes, which is your better ear?</i>						
Right	Left	I don't know	Did not answer			
How often does your hearing cause you to feel frustrated when talking to members of your family or to friends?						
Always	Usually	About half the time	Seldom	Never	I don't know	Did not answer
Do you have any pain or discomfort in your ears?						
Yes	No	I don't know	Did not answer			
<i>If yes, which ear?</i>						
Right	Left	Both	I don't know	Did not answer		
Are you bothered by loud sounds?						
Yes	No	I don't know	Did not answer			
Do you wear hearing aids?						
Yes	No	I don't know	Did not answer			
<i>If yes, which ear?</i>						
Right	Left	Both	I don't know	Did not answer		
<i>Did you bring your hearing aids with you today?</i>						
Yes	No	I don't know	Did not answer			
Have you had your hearing tested before?						
Yes	No	I don't know	Did not answer			
<i>If yes, who performed your last hearing test?</i>						
Audiologist		Primary Care Provider		Ear, Nose, and Throat (ENT) Specialist		
I don't know		Did not answer		Other (please specify): _____		
<i>When was your last hearing test?</i>						
Less than 6 months ago		Less than a year ago		1-4 years ago	5-9 years ago	10+ years ago
Never		I don't know		Did not answer		

Station 2: Otoscopy

Screener's Name: _____					
Right ear	Clear	Earwax present	Foreign body present	Unable to test	
	<i>If earwax present:</i>				
	Minimally blocked, >50% visibility		Partially blocked, ~50% visibility		Blocked, <50% visibility
	<i>Earwax from right ear removed?</i>				
Yes		Unable to remove		Athlete refused	
<i>If yes:</i>					
Completely removed		Partially removed			
<i>If foreign body present:</i>					
Minimally blocked, >50% visibility		Partially blocked, ~50% visibility		Blocked, <50% visibility	
<i>Foreign body from right ear removed?</i>					
Yes		Unable to remove		Athlete refused	
<i>If yes:</i>					
Completely removed		Partially removed			
Did visual inspection reveal right ear extra otoscopic findings?					
Yes		No			
<i>If yes, please select all that apply:</i>					
Perforation of eardrum		Active discharge		Cholesteatoma	Otitis Externa
Acute Otitis Media		Othematoma		Myringitis	Microtia
Retracted eardrum		Eczema in ear canal		Exostosis	Aural Atresia
Other					
Left ear	Clear	Earwax present	Foreign body present	Unable to test	
	<i>If earwax present:</i>				
	Minimally blocked, >50% visibility		Partially blocked, ~50% visibility		Blocked, <50% visibility
	<i>Earwax from left ear removed?</i>				
Yes		Unable to remove		Athlete refused	
<i>If yes:</i>					
Completely removed		Partially removed			
<i>If foreign body present:</i>					
Minimally blocked, >50% visibility		Partially blocked, ~50% visibility		Blocked, <50% visibility	
<i>Foreign body from left ear removed?</i>					
Yes		Unable to remove		Athlete refused	
<i>If yes:</i>					
Completely removed		Partially removed			
Did visual inspection reveal left ear extra otoscopic findings?					
Yes		No			
<i>If yes, please select all that apply:</i>					
Perforation of eardrum		Active discharge		Cholesteatoma	Otitis Externa
Acute Otitis Media		Othematoma		Myringitis	Microtia
Retracted eardrum		Eczema in ear canal		Exostosis	Aural Atresia
Other					

Station 3: OAE Screening

Screener's Name:				
Right ear	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not achieve seal	Probe blocked by earwax	Excessive noise	Athlete refused
Left ear	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not achieve seal	Probe blocked by earwax	Excessive noise	Athlete refused

Station 4: Tympanometry Screening

Screener's Name:				
Right ear	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not achieve seal	Probe blocked by earwax	Athlete refused	
Left ear	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not achieve seal	Probe blocked by earwax	Athlete refused	

Station 5: Pure Tone Screening at 25dB HL

Screener's Name:				
Right ear 2000Hz	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not train to respond	Excessive noise	Athlete refused	
Right ear 4000Hz	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not train to respond	Excessive noise	Athlete refused	
Left ear 2000Hz	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not train to respond	Excessive noise	Athlete refused	
Left ear 4000Hz	Pass	No pass	Unable to test	
	<i>If unable to test:</i>			
	Could not train to respond	Excessive noise	Athlete refused	

Station 6: Pure Tone Thresholds

Screener's Name:

Instructions to Volunteer:

dB HL values must be between 0 – 110dB. If you obtain no response at the maximum intensity level, please write the maximum loudness level that you tested, preceded by a + sign.

Air Conduction (AC)

Right AC	Please select one			dB HL	Please select one	
250Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
500Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
1000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
2000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
4000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
6000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
8000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked

Left AC	Please select one			dB HL	Please select one	
250Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
500Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
1000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
2000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
4000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
6000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
8000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked

Bone Conduction (BC)

Right BC	Please select one			dB HL	Please select one	
500Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
1000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
2000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
4000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked

Left BC	Please select one			dB HL	Please select one	
500Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
1000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
2000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked
4000Hz	Response obtained	No response at max. intensity level	Unable to test		Masked	Unmasked

Pure Tone Thresholds:

Reliable

Unreliable

Unable to test

If unreliable:

Could not train to respond

Excessive noise

Non-measurable thresholds (at limits of audiometer)

Athlete refused

Station 7: Check Out

Screeener's Name: _____

Screening Completion

Was the screening unable to be completed and/or concluded prior to completion for any reason?

Screening Complete Screening Incomplete

If screening incomplete, please describe: _____

Extra services provided onsite:

Earwax removal Hearing aid repair/maintenance Earmold for hearing aid(s) Hearing aid fitting
 Earmold for swim plugs Ear protection (noise plugs) Education provided Other: _____

Earwax removal: Right Left Both **Hearing aid fitting:** Monaural Binaural *If monaural:* Right ear Left ear

Follow-up recommended?

Yes No

If yes, please select appropriate provider(s) below. Select the most elevated referral type based on results of screening.

Audiologist	Routine Follow-up	Continue with routine follow-up with a hearing provider at a frequency of: Every 6 months Once a year Every two years Other: _____		
	Non-Urgent Referral	<u>Reasons for Recommendation:</u> Hearing aid fitting Hearing aid maintenance/repair Audiological evaluation Earwax removal Other: _____		
	Please provide Name/Location of Referral: _____		Provider list dispensed	
Ear, Nose, and Throat (ENT) Specialist	Non-Urgent Referral	<u>Reasons for Recommendation:</u> Earwax removal Tympanometry screening Medical evaluation of ears Medical clearance for hearing aids Other: _____		
	Urgent Referral	<u>Reasons for Recommendation:</u> Medical evaluation of ears Contraindications noted during Pure Tone Thresholds Other: _____		
	Please provide Name/Location of Referral: _____		Provider list dispensed	
Primary Care Provider	Non-Urgent Referral	<u>Reasons for Recommendation:</u> _____		
	Urgent Referral	<u>Reasons for Recommendation:</u> _____		
	Please provide Name/Location of Referral: _____		Provider list dispensed	
Other (please specify): _____	Non-Urgent Referral	<u>Reasons for Recommendation:</u> _____		
	Urgent Referral	<u>Reasons for Recommendation:</u> _____		
	Please provide Name/Location of Referral: _____		Provider list dispensed	