**Questions for athlete to answer:**

**Hearing?**
- O Good
- O Not good
- O Not sure

**Hearing aids?**
- O Yes (left/ right)
- O No
- O Not sure

---

### Station 1: Ear Canal Screen / Otoscopy

<table>
<thead>
<tr>
<th>Screener’s Name</th>
<th>Right</th>
<th>Ear wax removed:</th>
<th>Left</th>
<th>Ear wax removed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Clear</td>
<td>O Partially Blocked</td>
<td>O Blocked</td>
<td>O Clear</td>
</tr>
</tbody>
</table>

- O Follow-up needed for:
  - □ Perforation of ear drum
  - □ Discharge
  - □ Foreign object in ear canal
  - □ Other

- O Otitis externa
- O Atretic ear
- O Eczema in ear canal

---

### Station 2: Otoacoustic Emissions Screen

<table>
<thead>
<tr>
<th>Screener’s Name</th>
<th>Right</th>
<th>Ear wax removed:</th>
<th>Left</th>
<th>Ear wax removed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Pass</td>
<td>O No Pass</td>
<td>O Pass</td>
<td>O No Pass</td>
</tr>
</tbody>
</table>

- □ Cannot achieve seal
- □ Probe blocked by cerumen
- □ Excessive noise
- □ Athlete refused testing

---

### Station 3: Tympanometry Screen

<table>
<thead>
<tr>
<th>Screener’s Name</th>
<th>Right</th>
<th>Ear wax removed:</th>
<th>Left</th>
<th>Ear wax removed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Pass</td>
<td>O No Pass</td>
<td>O No, because:</td>
<td>O No refer, because:</td>
</tr>
</tbody>
</table>

- □ Could not achieve seal
- □ Probe blocked by cerumen
- □ Excessive noise
- □ Athlete refused testing
Station 4: Pure Tone Screen at 25dB Hearing Level

Screener’s Name: (print)

<table>
<thead>
<tr>
<th></th>
<th>2000Hz</th>
<th>4000Hz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Pass</td>
<td>O Pass</td>
<td></td>
</tr>
<tr>
<td>O No Pass</td>
<td>O No Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Pass</td>
<td>O Pass</td>
<td></td>
</tr>
<tr>
<td>O No Pass</td>
<td>O No Pass</td>
<td></td>
</tr>
</tbody>
</table>

Station 5: Pure Tone Threshold Test

Tester’s Name: (print)

<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>O masked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left AC</td>
<td>O masked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmasked BC</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td></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>

Key: NR = No Response at Maximum Level  C = Could Not Test

Pure tone threshold test:  □ Could not train to respond
□ Excessive noise
□ Athlete refused testing

□ Reliable  □ Unreliable

Extra Services Provided At The Event

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

Recommended Follow-up Care

□ 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

2014 Healthy Hearing