

Firstname	Lastname	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is O Athlete's O 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
- Hearing aids? Yes (left / right) No Not sure

Special Olympics
Healthy Hearing



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
- Follow-up needed for:
- Perforation of ear drum Otitis externa
 - Discharge Atretic ear
 - Foreign object in ear canal Eczema in ear canal
 - Other

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- Left Clear Partially Blocked Blocked
- Ear wax removed: Yes Yes, partially No Not possible Athlete refused
- Clear Partially Blocked Blocked
- Follow-up needed
- Perforation of ear drum Otitis externa
 - Discharge Atretic ear
 - Foreign object in ear canal Eczema in ear canal
 - Other

Station 2: Otoacoustic Emissions Screen

Screener's Name (print)

- Right Pass No Pass Cannot achieve seal
- Probe blocked by cerumen
- Excessive noise
- Athlete refused testing

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- Left Pass No Pass Cannot achieve seal
- Probe blocked by cerumen
- Excessive noise
- Athlete refused testing

Station 3: Tympanometry Screen

Screener's Name (print)

- Right Pass No Pass No refer, because:
- Could not achieve seal
- Probe blocked by cerumen
- Athlete refused testing

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- Left Pass No Pass No refer, because
- Could not achieve seal
- Probe blocked by cerumen
- Athlete refused testing

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Station 4: Pure Tone Screen at 25dB Hearing Level

Screener's Name (print)

Right	2000Hz	4000Hz	
	<input type="radio"/> Pass	<input type="radio"/> Pass	<input type="checkbox"/> Could not train to respond
	<input type="radio"/> No Pass	<input type="radio"/> No Pass	<input type="checkbox"/> Excessive noise
			<input type="checkbox"/> Athlete refused testing

Left	2000Hz	4000Hz	
	<input type="radio"/> Pass	<input type="radio"/> Pass	<input type="checkbox"/> Could not train to respond
	<input type="radio"/> No Pass	<input type="radio"/> No Pass	<input type="checkbox"/> Excessive noise
			<input type="checkbox"/> Athlete refused testing

Station 5: Pure Tone Threshold Test

Tester'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

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
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