<table>
<thead>
<tr>
<th>Firstname</th>
<th>Lastname</th>
<th>HAS ID</th>
<th>Date</th>
<th>O Male / O Female</th>
<th>DoB</th>
<th>Age (years)</th>
<th>O Not sure</th>
<th>Event</th>
<th>Location</th>
<th>O Athlete / O Unified partner</th>
<th>Sport</th>
<th>Delegation</th>
<th>O SO Program</th>
<th>Cell phone number</th>
<th>Number is O Athlete’s / O Parent’s / Guardian’s</th>
</tr>
</thead>
</table>

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? O Good / O Not good / O Not sure
- Pain in ear? O Yes: left / right / O No / O Not sure
- Hearing aids? O Yes: left / right / O No / O Not sure
  → IF "Yes", wears hearing aids now at event? O Yes / O No

Station 1: Ear Canal Screen / Otoscopy

Screener’s Name (print)

**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:
- O Perforation of ear drum
- O Discharge
- O Foreign object in ear canal
- O Other: ____________________________
  → O Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)

**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:
- O Perforation of ear drum
- O Discharge
- O Foreign object in ear canal
- O Other: ____________________________
  → O Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)

Station 2: Otoacoustic Emissions Screen

Screener’s Name (print)

**Right**
- O Pass
- O No Pass
- If 'Can’t Test', select reason: ☐ Cannot achieve seal
- ☐ Probe blocked by cerumen
- ☐ Excessive noise
- ☐ Athlete refused testing

O Can’t Test

**Left**
- O Pass
- O No Pass
- If 'Can’t Test', select reason: ☐ Cannot achieve seal
- ☐ Probe blocked by cerumen
- ☐ Excessive noise
- ☐ Athlete refused testing

O Can’t Test
Station 3: Tympanometry Screen
Screener’s Name (print)

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

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

**If ‘Can’t Test’, select reason:**
- 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
- 0 Pass
- 0 No Pass
- 0 Can’t Test

**Left**
- 2000Hz
- 0 Pass
- 0 No Pass
- 0 Can’t Test

**If ‘Can’t Test’, select reason:**
- Could not train to respond
- Excessive noise
- Athlete refused testing

**Station 5: Pure Tone Threshold Test**
Tester’s Name

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Right AC</td>
<td>O masked</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left AC</td>
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</tr>
<tr>
<td>Unmasked BC</td>
<td>/</td>
<td>/</td>
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<tr>
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<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**
- 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

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