Firstname	La	stname				
				UAC T	·D	
				HAS I	ש	
Date	O MaleO Fe	male	DoB		Age	(years) O Not sure
Event	Location		O Athlete O Unified	d partne		1
Delegation			SO Program			
Cell phone number			Number is O Athle	ete's O	Parent	's / Guardian `s
Providing a phone number i	s optional. It m	ay be used to call	or send reminders if f	follow u	p is reco	mmended after screening
Questions for athlete t Hearing? 0 Good		O Not good	O Not sure			Special Olympics
Pain in ear? 0 Yes:	left / right	O No	O Not sure			Healthy Hearing
Hearing aids? 0 Yes: → IF "Yes", wears heari		O No event? O Yes O	O Not sure No			
Station 1: Ear Canal Sc Screener's Name	reen / Otosco	ру				
				(pr	rint)	
Right O Cle	ar O P	Partially Blocked	O Blocked			
		es, partially Partially Blocked	No □ Not possil O Blocked	ole		Athlete refused
	Other:	f ear drum ct in ear canal	ded for extra otoscop			nr n ear canal
Left O Clea	ar (D Partially Blocke	d O Blocked			
Ear wax removed: O Cle		es, partially Partially Blocked	No □ Not possi O Blocked	ible		Athlete refused
	oscopic findings Perforation of Discharge Foreign object Other:	ear drum in ear canal	ded for extra otoscop			or ear canal
Station 2: Otoaco	ustic Emissior	ns Screen				
Screener's Name	ustic Emission	is sereem		(pr	rint)	
Right O Pass	O No Pass an't Test	If 'Can'	t Test', select reaso	on:		Cannot achieve seal Probe blocked by cerumen Excessive noise Athlete refused testing
Left O Pas	s O No Pas an't Test	ss If 'Can'	t Test', select reaso	on:		Cannot achieve seal Probe blocked by cerumen Excessive noise Athlete refused testing

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irstname			Lastn	ame							
							HAS ID				
Station 3:	Tympan	metry S	Screen								
Screener's Name							(print)				
Right	O Pass	0 1	No Pass		'Can't Test', select reason:				Cannot achiev		
	O Car				f not possible, do not refer ased on Tympanometry)				□ Probe blocked by cert□ Athlete refused testin		
Left	O Pass		No Pass		'Can't Test', s		n:		Cannot achiev		
	O Car	n't Test							Probe blocked Athlete refuse		
Station 4:	Pure Ton	e Scree	n at 250	dB Hear	ing Level						
Screener's Name							(print)				
Right	_										
2000Hz 4000Hz	O Pass O Pass	O No		O Can't O Can't		If 'Can't select re			Could not train		
4000H2	U Pass	O NO	Pass	O Can t	rest	select re	ason:		Athlete refuse		
Left	0.0	O N-	D	0.6/	T	T6 \ C = /4	T 1/		Could not train	n to rospond	
2000Hz 4000Hz	O Pass O Pass				Can't Test If 'Can't select re				Could not train Excessive nois		
									Athlete refuse	d testing	
Station 5: Pure T	Tone Thre	shold <u>Te</u>	est								
ester's Name											
_	r			1						1	
Right AC	1000		2000		3000		4000		6000	O masked	
Left AC										O masked	
Unmasked BC					/				/		
Right BC Left BC					/				/	O masked O masked	
Key: NR = N	lo Respons	e at Maxi	imum Le	vel	/	C = Coul	d Not Test		/	o masica	
D	l l l . l				C						
Pure tone t	nresnoia	test:		cessive		n to respond					
					fused testing						
☐ Reliable				□ Unreliable							
extra Services Pi	rovided At	The Eve	<u>ent</u>		Recommende	d Follow-uլ	Care				
☐ Hearing Aid Re☐ Ear Mold for H		enance			□ Urgent Follo		ed				
Ear Mold for Hearing Aid Hearing Aid			☐ Cerumen Removal ☐ Medical Evaluation of Ears								
☐ Hearing Aid Vo	Hearing Aid Voucher			☐ Audiological Evaluation of Hearing							
	Swim Plugs Ear protection (Noise Plugs)			□ Replacement of Ear Molds□ Hearing Aid Repair/Maintenance							
☐ Education Prov	/ided				☐ Hearing Aid	Evaluation a					
□ Other:					☐ Swim Plugs☐ Ear protect	s ion (Noise Pl	ugs)				
Comments	<u> </u>										
Print Nam	e of HH	Clinica	al Dire	ctor			Signati	ure	of HH Clin	ical Direct	
	J J. 1111	JC	<i>-</i> 11 C	J.01			Signati	~· · ·	. J Cilli	51100	

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