

Firstname	Lastname	HAS ID _____
------------------	-----------------	---------------------

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

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
- Extra otoscopic findings:
- Perforation of ear drum
 - Discharge
 - Foreign object in ear canal
 - Other:
 - Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)
- Otitis externa
 - Atretic ear
 - Eczema in ear canal

- Left** Clear Partially Blocked Blocked
- Ear wax removed: Yes Yes, partially No Not possible Athlete refused
 Clear Partially Blocked Blocked
- Extra otoscopic findings:
- Perforation of ear drum
 - Discharge
 - Foreign object in ear canal
 - Other:
 - Medical evaluation of ears needed for extra otoscopic finding (NOT for Ear Wax)
- Otitis externa
 - Atretic ear
 - Eczema in ear canal

Station 2: Otoacoustic Emissions Screen

Screener's Name (print)

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

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

