LAMAR UNIVERSITY

Hearing Screening

Date: _____ Location: _____

Patient Name: _____ DOB: _____

Parent/Guardian: _____

Examiner: _____ Supervisor: _____

****

Otoscopy Results: _____

_____

Tympanometric Screening:

	RIGHT EAR	LEFT EAR
Pressure (daPa)		
Compliance (ml)		
Ear Canal Vol (m)		

Pure Tone Screening: ____ 20 dB HL ___ 25 dB GHL ___ dB HL

EAR		1000 Hz	2000 Hz	4000 Hz	
Right					
Left					

Recommendations:

__ Pass __ Rescreen __ Fail __ Audio Referral __Medical Referral

Comments: _____

_____

_____

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

COUNCIL ON ACADEMIC ACCREDITATION
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