



To complete this form electronically,
it must be opened in Adobe Reader!

Recommendation for Hearing Screening

Date

DEAR PARENT/GUARDIAN OF:

As part of the overall hearing conservation program, your child has had his/her hearing screened. This is done for students in kindergarten, 1st, 2nd, 3rd, 5th, and 7th grades. The hearing screening identified those students who may have a hearing problem that requires attention.

A recent rescreening of your child's hearing at school indicates your child may have some difficulty hearing. A hearing examination with your doctor or audiologist is urgently recommended. Kindly take this form with you at the time of examination.

Krissa Cramer, BSN, RN
District Nurse

TO THE EXAMINER:

Students are screened at 1,000, 2,000 and 4,000Hz at 25dB.

is being referred to you for the following reason(s):

Failed first hearing screening on

Right ear

Left ear

Failed second hearing screening on

Right ear

Left ear

HEARING EXAMINER'S REPORT TO THE SCHOOL:

Hearing Acuity:

Right ear

Left ear

Please attach an audiogram.

Diagnosis and/or etiology:

Comments:

Hearing Examiner's Signature _____

Date

Printed Name:

Phone