

HEARING SCREENING

NAME: _____

BIRTHDATE: _____ AGE: _____ SEX: _____

DATE OF EXAM: _____

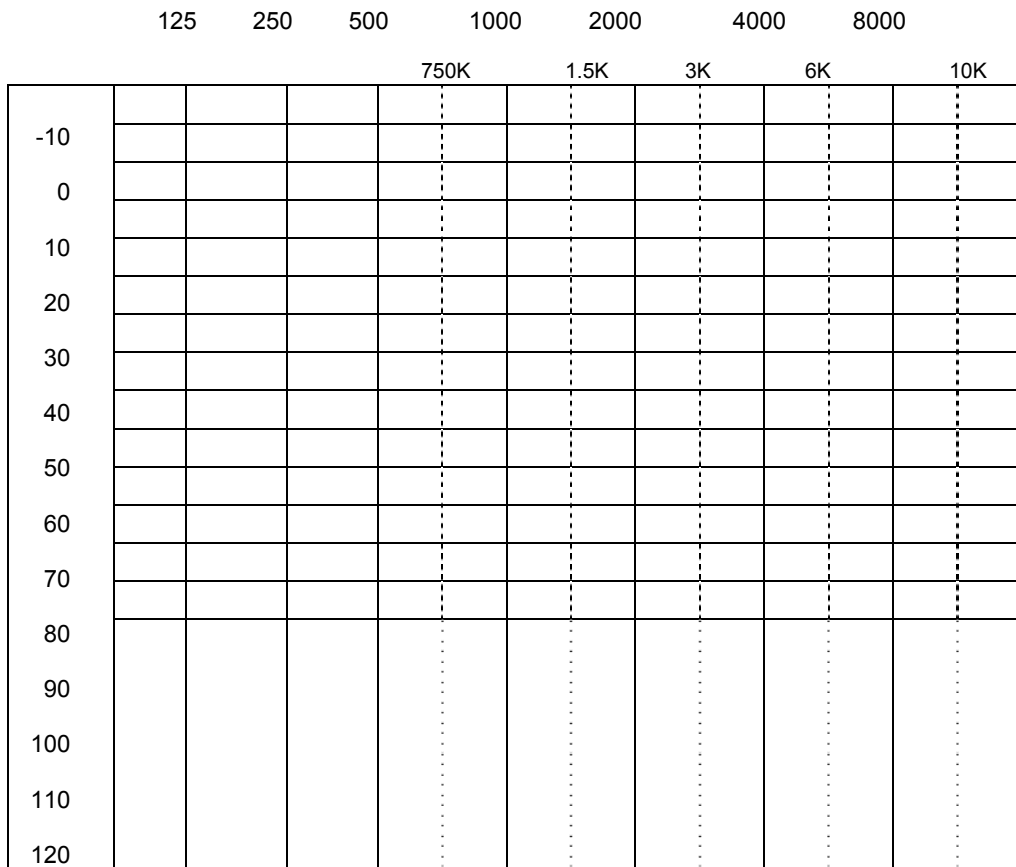
EXAMINER: _____ EXAMINER'S CREDENTIALS: _____

NAME OF FACILITY: _____

ADDRESS: _____

EXAMINER'S PHONE #: _____

FREQUENCY IN HERTZ (Hz)



Please graph L and R ear performance above.

Test Results: Pass / Fail Test Conditions: Excellent Good Fail Poor
 Audiometer: _____

If failed, please describe findings:

Recommendations:

