

SGH 884



Reason for Test _____

School _____

From Screening _____ Speech and Hearing Department

Date _____

Referred by _____

Knows case _____ Hearing Medical Referral Record

No. of test given _____

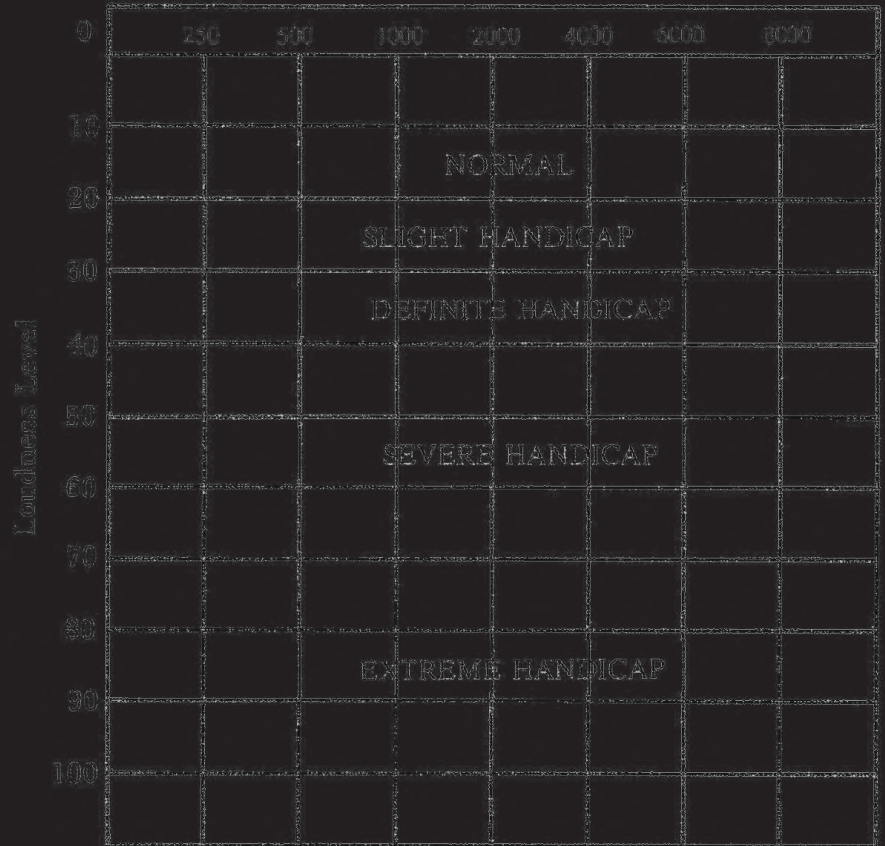
Name _____ Teacher _____ Grade _____

Parent or Guardian _____ Address _____ Phone _____

History

Audiogram

Cold now	Yes _____	No _____
Discharges often	Yes _____	No _____
Family member with hearing loss	Yes _____	No _____
Test Conditions		
Response:		
Consistent	_____	
Inconsistent	_____	
Comments:		



Air conduction
 Right ear _____ ORed
 Left ear _____ rBlue

Masking used
 for _____ ear
 at _____ db.

Bone Conduction
 Right ear _____ Y
 Left ear _____ A

Referred for otological examination by _____ Title _____