Tympanometry/Otoacoustic Emission (OAE) Hearing Screening Form

Child's Name:_____

Grade:_____

Screening Date:_____

Room Noise: ◯ Good ◯ Fair ◯ Poor

Tympanometry/Otoacoustic Emission (OAE) Results

	Tympanometry	OAE
Right Ear	Within normal limits_____ Outside normal limits_____ Could not test____ Did not test_____	Pass_____ Refer_____ Could not test____ Did not test_____
Left Ear	Within normal limits_____ Outside normal limits_____ Could not test____ Did not test_____	Pass_____ Refer_____ Could not test____ Did not test_____

_____ Your child passed today's tympanometry/OAE screening.

_____ Your child did not pass today's hearing screening. Please follow-up with a primary care provider or audiologist.

Comments:

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