Hearing Follow-up Record Form

Ohio Department of Health

School	School Year
	Date

The names of the children failing the hearing screening test should be listed below. A check mark should be placed under the appropriate column for each child.

	Status of Case		Type of Referral		Follow-up Results					
Name of Student	New Case	Previously Known Case	Med./Aud	Ed.	No Medical Finding	Treatment Obtained	Educational or Rehabilitative Services Obtained	No Information	Further Action	Case Closed

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