

Ohio Department of Health  
Bureau of Child and Family Health Services

### Hearing Screening Record with OAE

**For Pure Tones**

Put a "P" (pass) under the column marked "R" (right) if the child hears all three test tones in the right ear. Put a "F" (fail) under this column if the child does not hear all three test tones. Do the same for the left ear.

**For Tympanometry/OAE**

Put a "P" (pass) under the column marked "R" (right) if the child passes. Put the amount of negative pressure or flat if the child fails. Do the same for the left ear.

Student Name	Screening Date	Pure Tones	Tympanometry	OAE	Comments	Referral Letter Sent
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		

Hearing Screening Record with OAE *continued*

Student Name	Screening Date	Pure Tones	Tympanometry	OAE	Comments	Referral Letter Sent
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		
		R L	R L	R L		