

Hearing Screening Results -- Pass

Date: _____ **[Date here]** _____

To: _____ **[Doctor's Name here]** _____

Child's Name: _____ **[Child's Name here]** _____ Date of Birth: **[DOB here]** _____

Parent's Name: _____ **[Parent's Name here]** _____

As indicated below, this child passed the Otoacoustic Emissions (OAE) hearing screening on both ears. OAE screening is a physiological measure of cochlear function and is designed to identify children who may have sensorineural hearing loss. These results are being provided to you as the primary health care provider so that you are aware of the child's current screening status.



	Left Ear Result	Right Ear Result
OAE Screening Date: ___/___/___	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer <input type="checkbox"/> Can't test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer <input type="checkbox"/> Can't test
OAE Screening Date: ___/___/___	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer <input type="checkbox"/> Can't test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer <input type="checkbox"/> Can't test
OAE Screening Date: ___/___/___	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer <input type="checkbox"/> Can't test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer <input type="checkbox"/> Can't test

Federal Head Start regulations require hearing screenings for all enrolled children and referral for medical and audiological evaluations for children who do not pass. At this point, no further referral is needed beyond typical monitoring for normal language development. As we partner with you in providing a Medical Home for children, please let us know if you have any questions.

Sincerely,