

IMPORTANT - Hearing Screening Results

Date: _____

To: _____ (Doctor's name)

Child's Name: _____ Date of Birth: ___ / ___ / ___

Parent's Name: _____

Overall Pure Tone Audiometry Screening Results:

- Pass on both ears** (this is for your records only -- no further steps needed)
 Fail/Refer on __ Left __ Right ear(s) (please take steps requested below*)

*This child did not pass the hearing screening and is being referred to you as the primary health care provider. The hearing screening is designed to identify children who may have permanent hearing loss; however, some outer or middle ear disorders may cause conductive (usually temporary) hearing loss and contribute to a failed screening.

	Left Ear Result	Right Ear Result
1st Hearing Screening Date: ___/___/___	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer
2nd Hearing Screening Date: ___/___/___	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer	<input type="checkbox"/> Pass <input type="checkbox"/> Fail/Refer

This medical referral is being made to determine if there is any outer and/or middle ear disorder present (cerumen impaction, otitis media with effusion, acute otitis media, structural anomaly, etc.). Pneumatic otoscopy and/or tympanometry will provide vital information about the next appropriate step in the child's hearing screening/diagnostic process. When the medical evaluation and any recommended treatment is complete, we will conduct another hearing screening. If the child does not pass that rescreen, a referral to a pediatric audiologist will be requested to determine if a sensorineural hearing loss is present.

Federal Head Start regulations require hearing screenings for all enrolled children and referral for medical and audiological evaluations for children who do not pass. Please let us know if you have any questions. We look forward to communicating with you to obtain the results and recommendations from the medical evaluation. **[Specify how you plan to coordinate communication with the health care provider to obtain the results and recommendations.]**

Sincerely,