

IMPORTANT - Abnormal Hearing Screening Results

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]** _____

This child did not pass the Otoacoustic Emissions (OAE) hearing screening and is being referred to you as the primary health care provider. The OAE screening is a physiological measure of cochlear function and is designed to identify children who may have sensorineural hearing loss; however, some outer or middle ear disorders may cause conductive hearing loss and contribute to a failed OAE screening.



	Left Ear Result	Right Ear Result
1st 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*
2nd 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*

*The child was repeatedly uncooperative and could not be screened. A referral to an audiologist is needed to complete the hearing screening.

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 OAE hearing screening. If the child does not pass that rescreen, a referral to an audiologist qualified to evaluate infants and toddlers 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,