Directions: Hover cursor here

OAE Screening & Diagnostic Log
(2014 Version)

Enter child-specific information below this line

Col A	Col B	Col C	Col EHD!-A	Col EHDI-B	Col EHDI-C	Col D	Col E	Col F	Col G	Col H	Col I	Col J	Col K	Col L	Col M	Col N	Col 0	Col P	Col Q	Col R	Col S	Col T	Col U	Col V	Col W	Col X	Col Y	Col Z
			(For reporting to State EHDI Program)			*Current Totals (auto fill*		***	***	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	***	OAE 1 Pass Rate
																												#DIV/0!
								NHS	OAE Screening							Middle Ear Consultation				Inner Ear Outcome								
									OAE 1			OAE 2								Rescreen				Audiological Evaluation				
Status (auto filled)	First Name	Last Name	Date of Birth (MM/DD/YY)	Birth Facility	Mother Name	ID #	Class/Site/ Location	Newborn Hearing Screening (U, N, P, R)	Date of OAE 1 (MM/DD/YY)	Pass	Not Pass (Refer, Can't Test)	Exited	Pass	Not Pass (Refer, Can't Test)	Skipped OAE 2	Exited program	Normal (no condition or disorder detected)	Condition or disorder detected	Skipped middle ear consultation	Exited Program	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen	Exited Program	Normal hearing	Permanent hearing loss	Date of Final Inner Ear Outcome (MM/DD/YY)	Notes