OAE Hearing Screening Form

Program ______________________ Child’s Name ______________________

Child Information
Child’s ID #: __________________________________ Date of Birth: (___/___/___)

- Male
- Female

Screened for hearing loss at birth?
- Unknown
- Not screened
- Passed
- Referred

Hearing Screening Outcomes
Screener’s Name: __________________________________

Child’s LEFT Ear

| Visual Inspection | | Middle Ear Consultation |
|-------------------|------------------------|
| □ Refer — Date ___/___/___ | Consult health care provider; conduct OAE screening after medical clearance |
| □ Pass | Schedule follow-up ___/___/___ |

1st OAE ___/___/___ 2nd OAE ___/___/___

- Can’t test
- Refer
- Pass

- Can’t test*
- Refer
- Pass

Notes:
________________________________________________________________________
________________________________________________________________________

Child’s RIGHT Ear

| Visual Inspection | | Middle Ear Consultation |
|-------------------|------------------------|
| □ Refer — Date ___/___/___ | Consult health care provider; conduct OAE screening after medical clearance |
| □ Pass | Schedule follow-up ___/___/___ |

1st OAE ___/___/___ 2nd OAE ___/___/___

- Can’t test
- Refer
- Pass

- Can’t test*
- Refer
- Pass

Notes:
________________________________________________________________________
________________________________________________________________________

Time Data
Approximate total time with child required for screening (in minutes):

1st OAE _________ 2nd OAE _________

Schedule follow-up ___/___/___

Middle Ear Consultation
(by health care provider or *refer directly to a pediatric audiologist if child cannot be screened)

Record outcomes on the Diagnostic Follow-up Form.
After medical clearance, conduct an OAE Rescreen and refer for Audiological Evaluation (by a pediatric audiologist) if needed

Consult health care provider; conduct OAE screening after medical clearance

Record outcomes on the Diagnostic Follow-up Form.
After medical clearance, conduct an OAE Rescreen and refer for Audiological Evaluation (by a pediatric audiologist) if needed

Approximate total time with child required for screening (in minutes):