

# Hearing Referral Letter

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Dear Parent/Guardian:

In keeping with the recommendations of the Minnesota Department of Health for conducting hearing screening in a school setting, your child's hearing was screened on \_\_\_\_/\_\_\_\_/\_\_\_\_ and rescreened on \_\_\_\_/\_\_\_\_/\_\_\_\_. The results of the screen and rescreen are detailed in the grid below.

- Your child did not respond to all of the sounds on their hearing screening.
- These results mean your child *may* have a hearing problem.
- Please take him/her to your medical clinic and/or audiologist for further hearing evaluation. If your child is already receiving care for hearing problems or if you need assistance in finding a health care provider, please contact the school nurse.
- Bring this letter with you when your child is evaluated and ask the health care provider to fill out the back side of this form.
- **RETURN THIS FORM TO THE SCHOOL NURSE WITH THE HEALTH CARE PROVIDER'S EVALUATION COMMENTS ON THE BACK SIDE OF THIS LETTER.**

Pure tone audiometry – Right ear	Initial screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
6000 Hz, 20 dB (ages 11 and up)	PASS/REFER	PASS/REFER
Pure tone audiometry – Left ear	Initial screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
6000 Hz, 20 dB (ages 11 and up)	PASS/REFER	PASS/REFER

## Dear health care provider:

**Please complete the back side of this form and return to parent/guardian or to the school nurse**

School Nurse \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

# HEALTH CARE PROVIDER EVALUATION

Name and title of provider \_\_\_\_\_ Date of Exam \_\_\_\_\_

Clinic name / location \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I have examined (name) \_\_\_\_\_ and find the following:

## MEDICAL:

- Hearing (circle): PASS REFER
- Medically treatable
- Not medically treatable
- Outer ear
- Middle ear
- Inner ear
- Refer to audiology
- Further comments:

\_\_\_\_\_  
\_\_\_\_\_

- Recommendations to support learning in the school environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## AUDIOLOGICAL:

- Normal hearing
- Conductive hearing loss
- Mixed hearing loss
- Sensorineural hearing loss
- Refer to physician
- Amplification evaluation

- Further comments:

\_\_\_\_\_  
\_\_\_\_\_

- Recommendations to support learning in the school environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/guardian, please return this completed form to the school nurse.**



Maternal Child Health section  
[www.health.state.mn.us](http://www.health.state.mn.us)

For questions about this document or to obtain this information in a different format, call: 651-201-3760 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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