

School Hearing Screening Worksheet

Child's name _____ Date of birth _____

Teacher's name _____ Grade _____

Screen date _____ Rescreen date _____

Any parent/teacher/child concerns about hearing? _____

Visual Inspection	Initial screen	Rescreen
External inspection	PASS/REFER	PASS/REFER
Internal inspection/otoscopy (if done)	PASS/REFER	PASS/REFER
If REFER, please describe findings:		

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

Tympanometry is an optional procedure. If done, please document results below.

Tympanometry	Initial screen	Immediate rescreen	Later rescreen (date _____)
	PASS/REFER	PASS/REFER	PASS/REFER



Maternal Child Health section
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.

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