

# 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

- Refer — Date ( \_\_/\_\_/\_\_ ) → Consult health care provider; conduct OAE screening after medical clearance
- Pass

1st OAE ( \_\_/\_\_/\_\_ )      2nd OAE ( \_\_/\_\_/\_\_ )

- Can't test \_\_\_\_\_
- Refer \_\_\_\_\_
- Pass \_\_\_\_\_

- Can't test\* \_\_\_\_\_
- Refer \_\_\_\_\_
- Pass \_\_\_\_\_

Schedule follow-up ( \_\_/\_\_/\_\_ )

#### Middle Ear Consultation

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



#### Notes:

\_\_\_\_\_

\_\_\_\_\_

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

### Child's RIGHT Ear

#### Visual Inspection

- Refer — Date ( \_\_/\_\_/\_\_ ) → Consult health care provider; conduct OAE screening after medical clearance
- Pass

1st OAE ( \_\_/\_\_/\_\_ )      2nd OAE ( \_\_/\_\_/\_\_ )

- Can't test \_\_\_\_\_
- Refer \_\_\_\_\_
- Pass \_\_\_\_\_

- Can't test\* \_\_\_\_\_
- Refer \_\_\_\_\_
- Pass \_\_\_\_\_

Schedule follow-up ( \_\_/\_\_/\_\_ )

#### Middle Ear Consultation

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



#### Notes:

\_\_\_\_\_

\_\_\_\_\_

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

## Time Data

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

1<sup>st</sup> OAE \_\_\_\_\_ 2<sup>nd</sup> OAE \_\_\_\_\_