

## PHYSICIAN/ HEARING SPECIALIST REPORT

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Grade \_\_\_\_\_  
 School: \_\_\_\_\_

### Results of Threshold Hearing Tests

Date of Exam	Right Ear						Left Ear						Pass or Fail
	250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	

Physician's Audiogram attached?       Yes       No

Tentative Diagnosis: \_\_\_\_\_

Type of Hearing Loss: \_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Physician's Signature Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Parent's Signature Date