

OAE Hearing Screening Form



Program _____ Child's Name _____

Mother's Maiden Name _____

Address _____

Child Information	Child's ID #: _____ Date of Birth: (__/__/__) <input type="checkbox"/> Male <input type="checkbox"/> Female Birthing Hospital: _____ Screened for hearing loss at birth? <input type="checkbox"/> Unknown <input type="checkbox"/> Not screened <input type="checkbox"/> Passed <input type="checkbox"/> Referred
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Hearing Screening Outcomes	Screener's Name: _____
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Child's LEFT Ear	<p>Visual Inspection</p> <p><input type="checkbox"/> Refer — Date (__/__/__) → Consult health care provider; conduct OAE screening after medical clearance</p> <p><input type="checkbox"/> Pass</p> <p style="text-align: center;"> <input type="checkbox"/> 1st OAE (__/__/__) <input type="checkbox"/> 2nd OAE (__/__/__) </p> <p style="text-align: center;"> <input type="checkbox"/> Can't test <input type="checkbox"/> Can't test <input type="checkbox"/> Refer <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> Pass </p> <p style="text-align: right;"> Schedule follow-up (__/__/__) Middle Ear Consultation (by health care provider) </p> <p style="text-align: right;"> 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. </p> <p>Notes:</p> <p>_____</p> <p>_____</p>
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Child's RIGHT Ear	<p>Visual Inspection</p> <p><input type="checkbox"/> Refer — Date (__/__/__) → Consult health care provider; conduct OAE screening after medical clearance</p> <p><input type="checkbox"/> Pass</p> <p style="text-align: center;"> <input type="checkbox"/> 1st OAE (__/__/__) <input type="checkbox"/> 2nd OAE (__/__/__) </p> <p style="text-align: center;"> <input type="checkbox"/> Can't test <input type="checkbox"/> Can't test <input type="checkbox"/> Refer <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> Pass </p> <p style="text-align: right;"> Schedule follow-up (__/__/__) Middle Ear Consultation (by health care provider) </p> <p style="text-align: right;"> 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. </p> <p>Notes:</p> <p>_____</p> <p>_____</p>
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Time Data	Approximate total time with child required for screening (in minutes): 1 st OAE _____ 2 nd OAE _____ Machine # _____ Machine # _____
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