

Educational Service Unit #8 -- Hearing Screening Record

Student Name: _____ Date: _____ Grade: _____

Age: _____ Sex: _____ School: _____

Parent or Guardian: _____

1st Hearing Screening Date: _____ Pass Fail

	500	1000	2000	4000	6000
L - Ear	P F	P F	P F	P F	P F
R - Ear	P F	P F	P F	P F	P F

2ND Hearing Screening Date: _____ Pass Fail

	500	1000	2000	4000	6000
L - Ear	P F	P F	P F	P F	P F
R - Ear	P F	P F	P F	P F	P F

Comments: _____

School Nurse Signature _____

PURE TONE AUDIOGRAM (RE: ANSI 1969)

