

*Overbrook School for the Blind
6333 Malvern Avenue
Philadelphia, PA 19151
Phone: 215-877-0313 x 231*

HEARING SCREENING REPORT

Student's Name: _____

Date of Birth: _____

Date of Exam: _____

Audiometry P = Pass
 F = Fail

	1000	2000	4000
Left Ear			
Right Ear			

(Screening Level _____ 20 db HL _____ 25 db HL)

Results: PASS FAIL

Reliability: GOOD FAIR POOR

Tympanogram PASS
 FAIL

Comments:

(If Failed Please Comment)

Physician Name (please print)

Date form completed

Office Address: _____

Physician Signature