

**COMMUNICATIVE DISORDERS CLINIC
SAN FRANCISCO STATE UNIVERSITY**

HEARING SCREENING

Name _____ Date _____

Location _____ Examiner _____

Otoscopic Impressions (WNL=within normal limits, R=right, L=left)

External Ear:

Cerumen:

minimal _____

moderate _____

obstructed _____

HEARING SCREENING

Pure Tone Air conduction Thresholds

Audiometer _____

250Hz

500Hz

1000Hz

2000Hz

4000Hz

6000HZ

Right

Left					

PASS

FAIL

RECOMMENDATIONS:

_____ Complete Audiometric Evaluation

_____ Ear, Nose, & Throat Physician Consultation

_____ Hearing Aid Evaluation

Clinic Supervisor Signature

Date _____

HS-01