

REPORT OF HEARING TEST

PHYSICIAN'S REPORT

KEYSTONE ELEMENTARY SCHOOL, 451 HUSTON AVE., KNOX, PA 16232

CHILD'S NAME _____ ROOM # _____ DATE _____

(EXAMINED)

RESULTS FROM THRESHOLD HEARING TESTS

DATE OF EXAM	RIGHT EAR						LEFT EAR						PASS (P) OR FAIL (F)
	250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	

PHYSICIAN'S AUDIOGRAM ATTACHED? _____ YES _____ NO

DIAGNOSIS _____

PROGNOSIS _____

RECOMMENDATIONS _____

PARENT/GUARDIAN SIGNATURE

PHYSICIAN'S SIGNATURE