

Student Name: \_\_\_\_\_ SIF #: \_\_\_\_\_ School: \_\_\_\_\_

**FOLLOW-UP (To be completed by Professional)**

PHYSICAL EXAMINATION		RIGHT	LEFT					RIGHT	LEFT				
Normal Ear Health				Cerumen									
Serous Otitis				Other									
Otitis Media				1.									
				2.									
TEST RESULTS	RIGHT EAR						LEFT EAR						
	250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	
Air Conduction													
Bone Conduction													
		Phone R				Phone L				Other			
Speech Reception													
Speech Discrimination													
TYMPANOMETRY	RIGHT EAR												
	LEFT EAR												
TEST RESULTS INDICATE	RIGHT	LEFT	OTHER										
Normal Hearing													
Conductive Hearing Loss													
Sensorineural Hearing Loss													
Mixed Hearing Loss													
RECOMMENDATIONS													
	YES	NO							YES	NO			
Medication			Re-examination										
Irrigation			Preferential Seating- Center										
Tubes			Preferential Seating- Right Ear Toward Teacher										
Tonsillectomy			Preferential Seating- Left Ear Toward Teacher										
Adenoidectomy			Audiological Testing										
Other Surgery			Other:										
COMMENTS (Helpful to Child's School Program or for Teacher's Information):													
EXAMINED BY:													
	Otolaryngologist	NAME (Please Print):											
	Other Physician	SIGNATURE:											
	Audiologist	TELEPHONE:					EXAM DATE:						

Please Mail To: School Health – Vision & Hearing 791 Aquahart Rd. 3<sup>rd</sup> Floor Glen Burnie, MD 21061  
 Please Email Completed Form To: [aavisionhearing@aacounty.org](mailto:aavisionhearing@aacounty.org)  
 Please Fax Completed Form To: (410) 222-0073