

CENTRAL MISSISSIPPI HEAD START, INC.
HEALTH SERVICE DIVISION
ENT FOLLOW UP VISIT

(Child's Name)

(Date of Service)

Explanation of ENT visit: _____

ENT Diagnosis and Recommendations: _____

Hearing Screen

Instrument _____

Cerumen (R) _____ (L) _____

Tympanometry (R) _____ (L) _____

Pure Tone Reading

(R) _____
500 1000 2000 4000

(L) _____
500 1000 2000 4000

- RTC
- No Follow-up Required

Physician's Signature _____