

Central Mississippi, Incorporated  
Head Start Program  
Health Services

Hearing Screening

Name \_\_\_\_\_ Age \_\_\_\_\_  
Center \_\_\_\_\_

First Screening

Hearing: Instrument \_\_\_\_\_

Cerumen (R) \_\_\_\_\_  
(L) \_\_\_\_\_

Tympanometry (R) \_\_\_\_\_  
(L) \_\_\_\_\_

Pure Tone Reading

(R) \_\_\_\_\_  
500 1000 2000 4000

(L) \_\_\_\_\_  
500 1000 2000 4000

Hearing Results: Pass \_\_\_\_\_ Failed \_\_\_\_\_

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Second Screening:

Hearing: Instrument \_\_\_\_\_

Cerumen (R) \_\_\_\_\_  
(L) \_\_\_\_\_

Tympanometry (R) \_\_\_\_\_  
(L) \_\_\_\_\_

Pure Tone Reading

(R) \_\_\_\_\_  
500 1000 2000 4000

(L) \_\_\_\_\_  
500 1000 2000 4000

Hearing Results: Pass \_\_\_\_\_ Failed \_\_\_\_\_

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_