

Audiological Examination Report

Child Name:

Age:

Reason for referral:

Please fill out all section of the report.

❖ **Otoscopic Examination:**

Rt ear	Lt ear
<input type="radio"/> Occluding wax	<input type="radio"/> Occluding wax
<input type="radio"/> Non-occluding wax	<input type="radio"/> Non-occluding wax
<input type="radio"/> clear	<input type="radio"/> clear

❖ **Tympanometry:**

Rt ear	Lt ear
<input type="radio"/> Type A	<input type="radio"/> Type A
<input type="radio"/> Type B	<input type="radio"/> Type B
<input type="radio"/> Type C	<input type="radio"/> Type C

❖ **Hearing test used:**

- Free field audiometry
- OAE
- ABR
- Other

Note {Please attach copy of the tests}

Result

Rt ear	
Lt ear	

❖ **Impression:**

Rt ear	
Lt ear	

❖ **Recommendation:**

Examiner name:

Title:

Signature:

Date:

Contact detail: Tel:

Mobile:

E-mail:

Hospital/Center's Name:

Note: {Please attach copy of the tests}