



STUDENT SERVICES - FORMS

INDIVIDUAL SCHOOL HEARING SCREENING RECORD

Name:		Birthdate: (dd/mm/yyyy)		MHSC#		PHIN#	
Address:		School		Grade		Division	
Guardian:		Home Phone #		work/Cell Phone #		Date:	
OUTPUT	FREQUENCY	INTENSITY	SCREENING #1		SCREENING #2		
			Trial 1	Trial 2	Trial 1	Trial 2	
Right (Trial)	2000 Hz	45 dB					
Right	2000 Hz	20 dB					
Right	4000 Hz	20 dB					
Left	4000 Hz	20 dB					
Left	2000 Hz	20 dB					
Results:		Pass: ✓					
		Fail: 0					
					Date:		
		Examiner:					
Comments:							



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