

Date of Report: \_\_\_\_\_

**OTOLOGICAL (ENT) EXAMINATION REPORT**

**FULL AND INDIVIDUAL EVALUATION**

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_  
School/Campus: \_\_\_\_\_ School District: \_\_\_\_\_

**Physical Findings:**

**DATE OF OTOLOGICAL EXAMINATION:** \_\_\_\_\_

Pathology

Otitis Media (acute) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Otitis Media (chronic) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Other, specify: \_\_\_\_\_

Hearing loss

None R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Conductive R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Sensori-Neural R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Mixed R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Are there any structural anomalies of the ear, nose, or throat?

Ear \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Is medical treatment recommended?  Yes  No

If **YES**, for what condition? \_\_\_\_\_

**Severity of impairment:**

Normal Limits (0-20dB) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Mild hearing loss (20-30dB) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Moderate hearing loss (30-50dB) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Moderate-severe hearing loss (50-70dB) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Severe hearing loss (70-90dB) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Profound hearing loss (over 90dB) R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_

Estimate of severity of impairment based upon:

Puretone Audiometry Date: \_\_\_\_\_  ABR Date: \_\_\_\_\_

\_\_\_\_ Other, specify: \_\_\_\_\_ Date: \_\_\_\_\_

Do you recommend that this student be fitted with a hearing aid?

If **YES**, which ear  R  L

Additional recommendations: \_\_\_\_\_

If **NO**, which ear  R  L

\_\_\_\_\_  
Otolgist  
(other licensed physician may be utilized only if  
an otolologist cannot be reasonably accessed)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Telephone Number