

Early Childhood Hearing Screening Worksheet

Child's Name: _____

Date of Birth: _____

Screen Date: _____

Age at Screen (years and months): _____

Rescreen Date: _____

Age at Rescreen (years and months): _____

Hearing Risk Assessment	Initial Screen
Risk factors and hearing history	PASS/REFER

Visual Inspection	Initial Screen	Rescreen
External Inspection	PASS/REFER	PASS/REFER
Internal Inspection/Otосcopy	PASS/REFER	PASS/REFER
If REFER, please describe findings:		

Pure Tone Audiometry – Right Ear	Initial Screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
Pure Tone Audiometry – Left Ear	Initial Screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER

Tympanometry (Optional Procedure)	Initial Screen	Immediate Rescreen	Later Rescreen Date:
	PASS/REFER	PASS/REFER	PASS/REFER

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 Child and Teen Checkups
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To obtain this information in a different format, call: 651-201-3650.