

Livingston County HEARING SCREENING

NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

Indicate Pass (P) or Fail (F)

I. Initial Screening

Screeener's Signature: _____ Date: ____/____/____

Puretone: _____db

Right Ear _____1000 _____2000 _____4000

Left Ear _____1000 _____2000 _____4000

**II. Second Screening
(required if initial screening is failed)**

Screeener's Signature: _____ Date: ____/____/____

Puretone: _____db

Right Ear _____1000 _____2000 _____4000

Left Ear _____1000 _____2000 _____4000

Parents contacted: _____YES _____NO

Comments (Follow-up):