## **HEARING SCREENING ROSTER**

 Center:
 \_\_\_\_\_\_
 Date:

Place "X" in first screening box, if today is first screening. If this is the second screening, place date of first screening in "first screening box".

Last	Name	First	First Screening	Absent	Pure-Tone Pass/Fail	Immittance Pass/Fail	OAE Present/Absent	Comments	Refer to MD	Pass	Re- test	CNT
1.						R Pass Fail L Pass Fail	R Pres Abs L Pres Abs					
2.						R Pass Fail L Pass Fail						
3.						R Pass Fail L Pass Fail						
4.						R Pass Fail L Pass Fail						
5.						R Pass Fail L Pass Fail						
6.						R Pass Fail L Pass Fail						
7.						R Pass Fail L Pass Fail						
8.						R Pass Fail L Pass Fail						
9.						R Pass Fail L Pass Fail						
10.						R Pass Fail L Pass Fail						
11.						R Pass Fail L Pass Fail						
12.						R Pass Fail L Pass Fail						
13.						R Pass Fail L Pass Fail						
14.						R Pass Fail L Pass Fail						
15.						R Pass Fail L Pass Fail						
16.						R Pass Fail L Pass Fail						
17.						R Pass Fail L Pass Fail						