Alachua County Public Schools
Health Services

Physician's Report for Hearing

Student Name: _____ Date of Screening: _____

School: _____

School Screening Results: Tone used _____DB

Left	1000 Htz. _____	Right	1000 Htz. _____
	2000 Htz. _____		2000 Htz. _____
	4000 Htz. _____		4000 Htz. _____

Physician:

This child was identified as having difficulty hearing through a routine school screening program. Please complete the form outlined below. This information will help to evaluate the effectiveness of the program. Thank you for your cooperation.

Parent/Guardian: Please return this form after physician examination to the school nurse.

If you need assistance or have any questions, please contact:

_____ _____

School Nurse Phone Number

Below to be completed by Physician

Please check the appropriate answer:

☐ This student was evaluated and found not to have a problem.

☐ This student was evaluated and thought to have hearing loss.

School Limitations:

☐ None; student can fully participate in school and activities.

☐ School limitations are:_____

_____ _____

Physician's Signature / Phone Date