Georgia Mobile Audiology

SECOND NOTICE!!!

Date: _____

To Parent/Guardian:

Your child, ___ (name of child) _____ **DID NOT PASS** two hearing screenings given at school. Not passing the hearing screenings suggests your child could have a hearing problem.

It is recommended your child see his/her doctor for a medical evaluation and referral for a full diagnostic hearing test with an audiologist.

Please note that a hearing re-screen at the Health Department or pediatrician's office is not recommended because they do not have the audiologic diagnostic equipment required. A comprehensive hearing test, tympanometry and otoacoustic emission testing is recommended at this time.

Please keep a copy of this letter for your records and take to your child's next doctor's appointment.

If you have any questions regarding this notification or need assistance, please contact: _____

Parents: Please detach and return to your child's school nurse.

☐ My child has an appointment for an audiological or medical evaluation on the following date _____.

☐ My child's hearing was found to be normal.

☐ My child is under the care of a physician for an ear infection.

☐ **I need assistance. Contact me @_____**

(Please attach a copy of the hearing test, if seen by a private facility.)
Audiologist/Physician_____

Child Name _____ Parent Name _____

Work Phone _____ Home Phone _____