

Health Office  
 Our Lady of Mercy Academy  
 815 Convent Road  
 Syosset, NY 11791  
 516-921-1047

# SYOSSET HIGH SCHOOL

Health Office

364-5696

## NOTICE REGARDING ANNUAL HEARING SCREENING

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Hearing Screening/ Threshold Acuity	RIGHT	250	500	1000	2000	4000	6000
	LEFT						

To the Parent/Guardian:

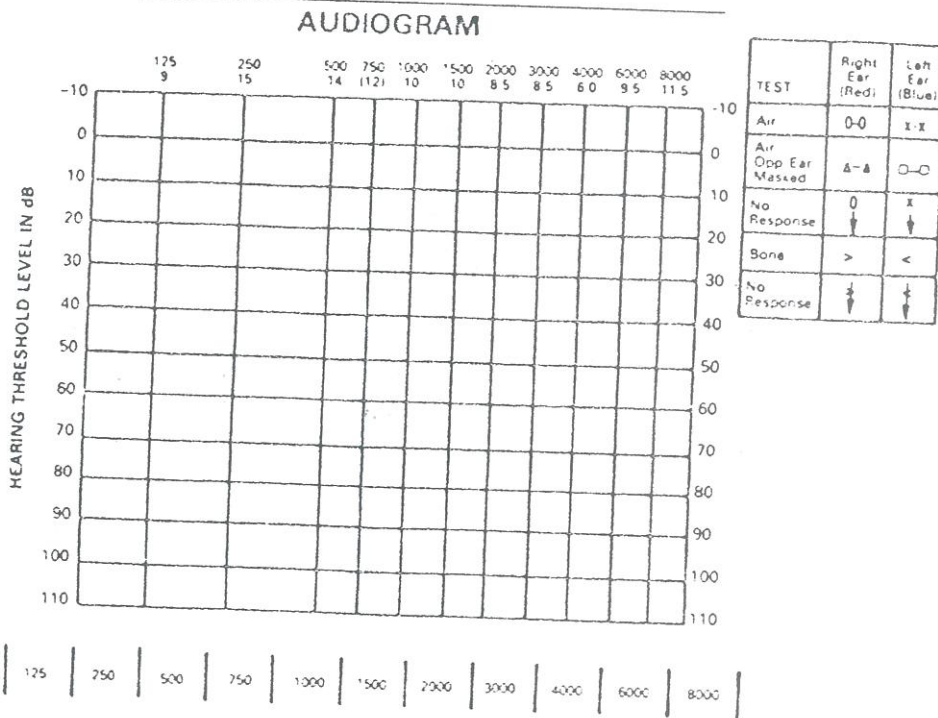
The results of the annual hearing screening suggests that your child's hearing needs to be checked. We recommend that the child have a complete hearing test.

Please ask the examiner to complete this form. We ask that you return the completed form to the school.

### EXAMINER'S DIAGNOSIS AND RECOMMENDATIONS

Diagnosis: \_\_\_\_\_

Audiometric/Medical Findings:



Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wish to see this child again? \_\_\_\_\_ If so, When? \_\_\_\_\_

\_\_\_\_\_ Date of Exam

\_\_\_\_\_ Physician's Signature and Stamp