

Texas Workforce Commission Vocational Rehabilitation Services Hearing Evaluation Report Otological Examination

Instructions

To be completed by an otolaryngologist, otologist or licensed physician. The information requested is necessary to help counselors determine eligibility or a plan for rehabilitation services for the person named. All fields must be completed except where indicated as optional.

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Participant/Customer Information		
Customer Name:	Case ID:	
Phone:	Date of birth:	
Otological Examination Report		
Please return the report to:		
Name:		
Address:		
Reported disability:		
Reason for referral:		
Otological Findings		
History (check all that apply):		
Bacterial meningitis		
Craniofacial anomalies (describe):		
Other otological findings (specify):		
Examination (check one):		
☐ Normal Ear		
Abnormal Ear If abnormal, explain:		
Diagnosis:		
Based on (check one):		
Pure Tone audiometry		
Other Explain other:		

Based on history and current exam, hearing loss is (check all that apply):		
Progressive	Sensorineural	Permanent
Conductive	Temporary	Central
Stabilized	Mixed	Fluctuating
Recommendations		
Medical clearance for hearing aid:		
Right ear: Yes No		
Left ear: Yes No		
Is bone conduction hearing aid permissible?		
☐ Yes ☐ No		
Medical treatment or further comments:		
Precautions regarding training or working conditions:		
Physician's printed name:		
Physician's signature:		Date examined: