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| Texas Workforce Solutions logo | | | **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. | | | | | | | | | | |
| **Participant/Customer Information** | | | | | | | | | | |
| Customer Name: | | | | | Case ID: | | | | | |
| Phone: | | | | | Date of birth: | | | | | |
| **Otological Examination Report** | | | | | | | | | | |
| Please return the report to: | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | City: | | | | State:  TX | | ZIP Code: |
| Reported disability: | | | | | | | | | | |
| Reason for referral: | | | | | | | | | | |
| **Otological Findings** | | | | | | | | | | |
| History (check all that apply):  Bacterial meningitis  Craniofacial anomalies (describe):  Other (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  Conductive | Stabilized  Sensorineural | Temporary  Mixed | | | | Permanent  Central | | | 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:  **X** | | | | | | | Date examined: | | | |