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:

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: