



OTOACOUSTIC EMISSIONS/TYMPANOMETRY (OAE/TYMP) SCREENING

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1510 (2-2023)

Name			
Submitted By			
Telephone Number	Email Address		
Name of Child			Date of Birth
Name of Parents			Telephone Number
Date of Screening	Did child pass the newborn hearing screening? <input type="checkbox"/> Yes <input type="checkbox"/> No	PE Tubes <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Hearing Health/History			
Attach AFIX OAE/TYPM Screening			

A typed signature is legally binding and equivalent to a handwritten signature.

Early Intervention Professional Signature
