

SECTION II TO BE COMPLETED BY AUDIOLOGIST PRIOR TO MEDICAL CLEARANCE

Note to Audiologist: By completing this section you agree to fit our instrument at no cost to the patient. For questions on our protocol contact us at Lionshab24B@aol.com

Is applicant a current hearing aid user? _____ Was it provided by Lions? _____ When? _____
If yes, what make and model / type of hearing aid? _____

HEARING TEST DATA

Threshold @ 500 Hz (in dBHL's): Left: _____ Right: _____

Threshold @ 1000Hz (in dBHL's): Left: _____ Right: _____

Threshold @ 2000Hz (in dBHL's): Left: _____ Right: _____

Threshold @ 3000Hz (in dBHL's): Left: _____ Right: _____

Threshold @ 4000Hz (in dBHL's): Left: _____ Right: _____

What is the unaided discrimination at 45dB? _____

What is the unaided discrimination at applicant MCL? _____

Which ear to be fit? _____ (if only one aid provided) Male: ___ Female: ___ Shell color: _____

Categorization of hearing aid need:

Would you classify the hearing loss as: _____ Mild/ _____ Moderate / _____ Severe/ _____ Profound/

Tone control needed on the aid: [] Yes [] No Power control needed on the aid? [] Yes [] No

Tester Comments: _____

Preferred Manufacturer: _____ Don't send: _____

Provider signature: _____ Date: _____

Organization name: _____

Complete Address: _____

Phone: _____ Email: _____

SECTION III MEDICAL CLEARANCE

ONCE YOU HAVE OBTAINED A HEARING TEST, A MEDICAL CLEARANCE MUST BE SIGNED BY AN ENT OR YOUR PRIMARY PHYSICIAN

[To be completed by a medical Doctor]

The applicant _____, has been evaluated and determined not to have any medical contraindications for the use of a hearing aid.

Physician signature: _____ date: _____

Print Physician's name: _____