



Connect to Life™

50 Broadway, 6th Floor
New York, NY 10004

Voice 917.305.7751

TTY 917.305.7999

Fax 917.305.7770

www.chchearing.org

MEDICAL CLEARANCE FORM

DATE: _____

The following patient is being evaluated by the Center for Hearing and Communication for consideration of hearing aids. Otologic clearance is necessary before this evaluation is performed.

I have evaluated _____ and find:

_____ no medical contraindication to the use of a hearing aid with closed (occluded) earmolds in either ear.

_____ medical contraindications to the use of aids or closed (occluding) earmolds in the:

_____ right ear _____ left ear

for the following reasons: _____

Only if there are medical contraindications to the use of closed (occluding) earmolds, can the patient use:

	_____ <u>Right ear</u>	_____ <u>Left ear</u>
vented earmold?	_____ yes _____ no	_____ yes _____ no
open earmold?	_____ yes _____ no	_____ yes _____ no

Physician's Signature: _____

Print Name: _____

License #: _____

Print Address: _____

Phone #: _____

Date: _____

Please return form to: _____