

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? _____ If so, when? _____

If yes, what make and model / type of hearing aid? _____

HEARING TEST DATA

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

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

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

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

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

What is the unaided discrimination at 45dB? _____

What is the unaided discrimination at applicant MCL? _____

If only one ear to be fit, which ear? _____ Male _____ Female _____ Shell Color _____

Size of receiver: Left _____ Right _____ Rechargeable or disposable batteries? _____

Categorization of hearing aid need

Classification of hearing loss: Mild _____ Moderate _____ Severe _____ Profound _____

Tone control needed on aid(s) Y/N _____ Power control needed on aid(s) Y/N _____

Tester Comments _____

Preferred Manufacturer _____ Don't send _____

Provider Name: _____ 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.

Printed Physician's Name _____

Physician Signature _____