

Healthy Hearing Program Special Olympics International



Special Olympics

Healthy Athletes

Healthy Hearing

Test limita ton pur Rezultate/recomandari

_____	_____	_____
Nume atlet (majuscule)	Eveniment Special Olympics (majuscule)	Data
_____	_____	_____
Adresa atlet (majuscule)		Numar telefon atlet
<input checked="" type="checkbox"/> Ati participat la testul de limita ton pur pentru ca nu ati trecut de testul de screening auditiv	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input type="checkbox"/> Nu ati trecut de testul de screening pentru urechea medie	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input type="checkbox"/> Canalul auricular prezenta cerumen abundent	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input checked="" type="checkbox"/> Testele de limita ton pur au indicat urmatorul Tip si Grad de pierdere de auz:		
<input type="checkbox"/> Pierdere auditiva senzorieurala bilaterala <input type="checkbox"/> usoara <input type="checkbox"/> moderata <input type="checkbox"/> severa		
<input type="checkbox"/> Pierdere auditiva senzorieurala unilaterala <input type="checkbox"/> usoara <input type="checkbox"/> moderata <input type="checkbox"/> severa	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input type="checkbox"/> Pierdere auz conductiva bilaterala <input type="checkbox"/> usoara <input type="checkbox"/> moderata <input type="checkbox"/> severa		
<input type="checkbox"/> Pierdere auz conductiva unilaterala <input type="checkbox"/> usoara <input type="checkbox"/> moderata <input type="checkbox"/> Severa	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input type="checkbox"/> Pierdere auz bilaterala mixta <input type="checkbox"/> usoara <input type="checkbox"/> moderata <input type="checkbox"/> severa	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input type="checkbox"/> Pierdere auz unilaterala mixta <input type="checkbox"/> usoara <input type="checkbox"/> moderata <input type="checkbox"/> severa	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga	
<input type="checkbox"/> Auz normal	<input type="checkbox"/> dreapta <input type="checkbox"/> stanga <input type="checkbox"/> bilateral	
<input type="checkbox"/> Recomandari follow-up:		
<input type="checkbox"/> Indepartare cerumen <input type="checkbox"/> dreapta <input type="checkbox"/> stanga <input type="checkbox"/> bilateral	<input type="checkbox"/> Evaluare suport auditiv si adaptare	
<input type="checkbox"/> Evaluare medicala a urechilor	<input type="checkbox"/> Program orientare suport auditiv	
<input checked="" type="checkbox"/> Evaluare medicala/audiologica a auzului si cititul buzelor	<input type="checkbox"/> Program revalidare orala incluzand training auditiv	
<input type="checkbox"/> Mulaje auriculare pentru suport auditiv		
<input checked="" type="checkbox"/> Serviciile asigurate dumneavoastra la acest eveniment Special Olympics :		
<input checked="" type="checkbox"/> Inspectie canal auricular	<input type="checkbox"/> Indrumare atlet/antrenor/alta persoana	
<input checked="" type="checkbox"/> Test screening auditiv	<input checked="" type="checkbox"/> Raport atlet/antrenor/alta persoana	
<input checked="" type="checkbox"/> Test screening urechea medie	<input type="checkbox"/> Brosura pierdere auz atlet	
<input checked="" type="checkbox"/> Testare limita auditiva	<input type="checkbox"/> Brosura pierdere auditiva antrenor/alta persoana	
<input type="checkbox"/> Protezare auditiva si intretinere	<input type="checkbox"/> Brosura zgomot atlet	
<input type="checkbox"/> Mulaj auricular drept pentru suport auditiv	<input type="checkbox"/> Brosura zgomot antrenor/alta persoana	
<input type="checkbox"/> Mulaj auricular stang pentru suport auditiv		
<input type="checkbox"/> Suport auditiv drept		
<input type="checkbox"/> Suport auditiv stang		
<input type="checkbox"/> Dop zgomot urechea dreapta		
<input type="checkbox"/> Dop zgomot urechea stanga		
_____	(semnatura)	_____
(nume majuscule)		
<input type="checkbox"/> Audiologist / Medic sau <input type="checkbox"/> Director medical		

ROMANIAN