



**ANY BABY CAN: CHILDREN’S HEARING AID TEXAS (CHAT)
Report of Otological Examination**

Name of CHAT Participant	Date of Birth	Date of Examination

Parent/Guardian’s Name: _____

Please check the statement that is correct for this person:

- _____ The person listed above has been examined and can wear earmolds and hearing aids.
- _____ The person listed above has a medical condition that is noted on the attached examination form*
 - _____ The condition prevents the current use of a hearing aid.
 - _____ The condition is transient in nature and a hearing aid can be worn following medical treatment of the condition.

Signature of Physician

Physician’s Name (please print)

Address

City/State/Zip

Telephone

***Please attach a copy of your examination sheet to this form if there is a medical condition that prohibits the use of a hearing aid.**

Original with physician’s signature should be sent to CHAT with the request for hearing aid(s).