

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEARING CONSERVATION ANNUAL REPORT
INSTRUCTIONS FOR COMPLETING FORM (HC-18)**

SCREENING

Enter all screening data by preschool, lines a-d, and school age, lines e-r. All LD, EMH, TMH and other full time special class children must be entered on line r.

Column:

1. NUMBER SCREENED: Enter the total number of children screened.
2. NUMBER RESCREENED: Enter the total number of children rescreened.
3. NUMBER OF THRESHOLDS: Enter the total number of children who received threshold tests following second screening test failure. Include children upon whom you attempted thresholds, but was unable to obtain conclusive results.
4. THRESHOLDS: KNOWN CASES AND MONITORING: Enter the total number of thresholds on children considered as known cases, i.e., children from watch lists, under physicians care, with hearing aids, etc.
5. NUMBER REFERRED: Enter the total number of children who met medical referral criteria and/or were referred because of obvious symptoms of ear pathology (i.e., draining ears).

Sum the data entered in each column 1 through 5 and enter these sums on line s.

FOLLOW-UP RESULTS

Enter all follow-up results by school age, column 6, and preschool, column 7. Enter the sums of lines t and u in column 8. Sum columns 6, 7 and 8 and enter on line v. The sums of column 8 and line v must be equal and the number entered in cell 8-v must equal the total number of children referred, cell 5-s.

Number of Completed Medical Referrals: Enter the total number of children for whom a Treating Physicians Report has been returned or information has been obtained verifying examination and diagnosis by a physician.

Number of Referrals Not Completed: Enter the total number of children for whom no Treating Physicians Report has been received or information obtained verifying a medical examination and diagnosis.

DIAGNOSIS

Enter all diagnostic data by schoolage, column 6, and pre-school, column 7. Enter the sums of lines w through cc in column 8. Sum columns 6, 7 and 8 and enter on line dd. The sums of column 8 and line dd must be equal and the number entered in cell 8-dd must equal the number of completed medical referrals, cell 8-t.

Total Number of Children Found to Have: Enter the total number of children with a physician's diagnosis on the following lines:

A. CONDUCTIVE LOSSES:

1. Canal Obstructions;
2. Otitis Media;
3. Other; This classification includes allergies, cholesteatoma, otosclerosis, etc.

B. NON-ORGANIC: Children diagnosed with a non specific hearing loss (no definitive pathology or specific cause indicated).

C. SENSORY-NEURAL: Children diagnosed with a sensorineural loss (cochlear or 8th cranial nerve).

D. MIXED: Children diagnosed with both a conductive and sensorineural hearing loss.

E. NORMAL FINDINGS: Children diagnosed as normal hearing or for whom there is no pathological findings.

PROGRAM

Print or type agency name, i.e. School District name and number, Health Department name, or other agency name. Print or type agency address: number and street, city, zip code, and county. Enter the name and telephone number of the individual submitting the report. Enter the date the report is submitted.

Submit one cumulative annual report from each school district, health department, or other agency.

Submit this report to your IDPH Regional Vision and Hearing Consultant by June 30 of each year.

PLEASE TYPE OR PRINT LEGIBLY. CHECK ALL COMPUTATIONS. THIS FORM IS USED TO COMPILE STATEWIDE STATISTICS. THANK YOU FOR YOUR COOPERATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH ASSESSMENT AND SCREENING

HEARING CONSERVATION ANNUAL REPORT
 JULY 1, TO JUNE 30,

<input type="checkbox"/> GRADE <input type="checkbox"/> AGE	1 Number Screened	2 Number Rescreened	3 Number of Thresholds	4 Thresholds: Known Cases and Monitoring	5 Number Referred	Follow-up Results	6 School Age	7 Pre- School	8 TOTAL
0 - 2 a						Number of Completed Medical			
3 b						Number of Referrals Not Completed ^u			
4 c						Total ^v			
5 d						DIAGNOSIS			
K e						Total Number of Children Found to			
1 f						A. Conductive Losses			
2 g						1. Canal Obstruction ^w			
3 h						2. Otitis Media ^x			
4 i						3. Other ^y			
5 j						B. Non-Organic ^z			
6 k						C. Sensori-Neural ^{aa}			
7 l						D. Mixed ^{bb}			
8 m						E. Normal Findings ^{cc}			
9 n						TOTAL ^{dd}			
10 o						PROGRAM			
11 p						ADDRESS			
12 q						CITY			ZIP CODE
SP ED r						COUNTY			PHONE NUMBER ()
TOTAL s						SUBMITTED BY			DATE MO / DAY / YR