



DIP - SSEJ
Sight and Hearing Unit
Rue des Glacis-de-Rive 11
1207 Geneva
Tel. +41 (0) 22 546 41 00

To the parents of

Geneva, [date]

School:
Grade:

Dear Sir or Madam,

The hearing screening test carried out in school on xx/xx/xxxx suggests that your child is not hearing certain sounds well in their:

- ☐ right ear
☐ left ear
☐ both ears

You are advised to have a hearing test carried out by a specialist.

The following link will help you find an ENT doctor in Geneva if you do not already have one:
<https://www.amge.ch/medecins/annuaire-des-medecins/>.

Yours faithfully,

Dr CAO VAN Hélène
Audiology specialist

CAFALLI, Myriam
Audiology and ophthalmology technician

Note to ENT doctor: please return this form to us and hand a copy to the parents, for the attention of their **family doctor**.

Child: Last name, first name (date of birth)

Date of test:

> Otoscopy:

> Hearing loss: yes ☐ no ☐

> Deafness:

	Light	Moderate	Severe	Profound	Transmission	Perception	Comb ined	Under review
RE	☐	☐	☐	☐	☐	☐	☐	☐
LE	☐	☐	☐	☐	☐	☐	☐	☐

Follow-up treatment:

Date:

Stamp / Signature