

## **HCHS/SOL Otoscopy Examination**

ID NUMBER:		FORM CODE: OTO VERSION: A 8/21/07	Contact Occasion SEQ #
Acrostic:			
ADMINISTRATIVE INFOI 0a. Completion Date:	RMATION Month	Day Year	0b. Staff Examiner ID:
Instructions: Enter "=" if a measurement is permanently missing.			
Measurement		Right ear	Left ear
Otoscopy Done	01R	0 = No (Skip to O1L) 1 = Yes	01L
Ear Canal Collapse	02R	0 = No 1 = Yes 9 = Unknown	02L
Drainage	03R	<ul><li>0 = No</li><li>1 = Yes</li><li>9 = Unknown</li></ul>	03L
Cerumen	04R	0 = None 1 = Some 2 = A lot 3 = Impacted 9 = Unknown	04L
Eardrum Position	05R	0 = Normal 1 = Bulging 2 = Retracted 9 = Unknown	05L
Eardrum Vascularity	06R	0 = None 1 = Mild 2 = Considerable 9 = Unknown	06L
Perforation	07R	0 = No 1 = Yes 9 = Unknown	07L

Otoscopy exam (OTO) Page 1 of 1