



# MQ Health

MACQUARIE UNIVERSITY  
HEALTH SCIENCES CENTRE

Dear Parent/Guardian,

We are pleased to be working with Merrylands Public School to offer hearing screenings in September, 2019. Our clinics, at Macquarie University and Liverpool Hospital, are the largest provider of clinical training for Masters of Clinical Audiology students in New South Wales.

Our hearing screening program involves a basic hearing assessment and a test of middle ear function (tympanometry) in both ears. The screening is performed by Masters of Clinical Audiology Students, under the direct supervision of a Clinical Audiologist. As these are screening tests, we will not be able to diagnose a hearing loss or middle ear disorder. We will be able to obtain enough information to determine if your child requires a follow up with a medical professional or audiologist.

If your child requires follow-up with a medical professional or audiologist, we will provide more detail about the specific reason for this recommendation. If your child passes the hearing and middle ear screening, we will indicate in writing that no further action is recommended.

The hearing and middle ear screening takes approximately 15 minutes, and is scheduled to occur during school hours. The hearing screening involves children listening to tones while wearing headphones and responding (usually by pressing a button) every time they hear a sound. The middle ear test involves us putting a small earphone into your child's ear. We deliver a tone and gently change the pressure inside the ear canal. Our equipment automatically measures how well the sound is transmitted through the middle ear system. This process takes a few seconds, and is useful in detecting conditions like glue ear that can have an effect on your child's hearing.

Please indicate below whether you give your consent for this assessment:

**I consent to my child taking part in the hearing screening program**

**I consent to the results being shared with my Child's school**

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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