

Claimant name	Claim number
Social Security number	Date of injury/date of last exposure

<p>Frequency (hertz)</p> <p>250 500 1K 2K 3K 4K 6K 8K</p> <p>Hearing threshold level in decibels (ANSI)</p> <p>0 10 20 30 40 50 60 70 80 90 100</p>	<p>Key</p> <table border="1"> <tr> <td>Left</td> <td>Key</td> <td>Right</td> </tr> <tr> <td>X</td> <td>Air</td> <td>O</td> </tr> <tr> <td>□</td> <td>Air masked</td> <td>△</td> </tr> <tr> <td>></td> <td>Bone</td> <td><</td> </tr> <tr> <td>J</td> <td>Bone masked</td> <td>┌</td> </tr> <tr> <td>∇</td> <td>No response</td> <td>↙</td> </tr> </table>	Left	Key	Right	X	Air	O	□	Air masked	△	>	Bone	<	J	Bone masked	┌	∇	No response	↙	<p>Probe L Stimulus</p> <p>L R</p> <p>Probe R Stimulus</p> <p>L R</p> <p>500 1000</p> <p>Acoustic reflex threshold (dB)</p>																	
		Left	Key	Right																																	
X	Air	O																																			
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<p>1 kHz ascending threshold Left _____ Right _____</p> <p>1 kHz descending threshold Left _____ Right _____</p>	<p>SRT</p> <p>Best 2f average (.5, 1, 2 kHz)</p> <p>Difference</p> <table border="1"> <tr> <td>Left</td> <td>Right</td> </tr> <tr> <td>_____ % @ _____ dB</td> <td>_____ % @ _____ dB</td> </tr> <tr> <td>_____ % @ _____ dB</td> <td>_____ % @ _____ dB</td> </tr> </table>	Left	Right	_____ % @ _____ dB	_____ % @ _____ dB	_____ % @ _____ dB	_____ % @ _____ dB	<p>12 10 8 6 4 2</p> <p>-300 -200 -100 0 100 200</p> <p>Air pressure (mmH2O)</p>																													
Left	Right																																				
_____ % @ _____ dB	_____ % @ _____ dB																																				
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<p>Speech discrimination (word recognition)</p> <p>Materials used (e.g. W22) _____</p> <p>25 _____ or 50 _____ word list, recorded _____ or live voice _____</p>																																					
<table border="1"> <thead> <tr> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>TOTAL</th> <th>% Impairment MD</th> </tr> </thead> <tbody> <tr> <td>R air</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>R bone</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L air</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L bone</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				500	1000	2000	3000	TOTAL	% Impairment MD	R air							R bone							L air							L bone						
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Audiometer	Audiologist name (print)	CCC/A or Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
Electroacoustic calibration	Listening check	Audiologist signature																																			
		Date																																			

Special tests performed	
Results of testing	
Comments and/or observations	
Recommendations	
Prepared by	Date
CCC-A <input type="checkbox"/> Yes <input type="checkbox"/> No	