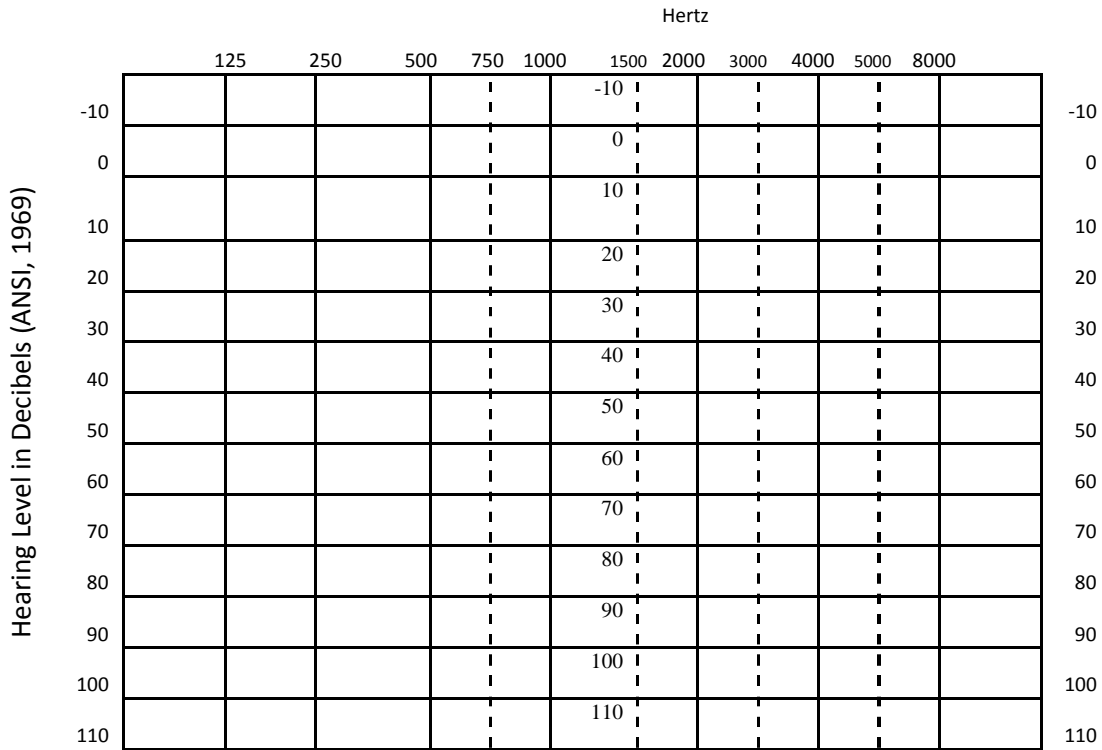


AUDIOLOGIC EXAMINATION

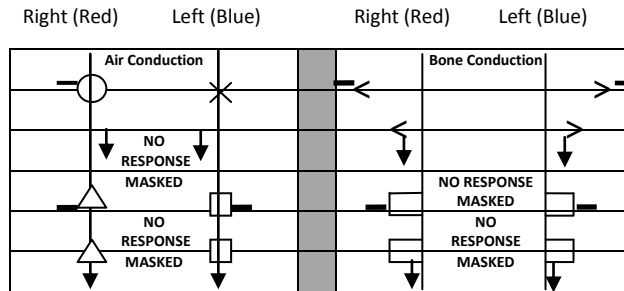
Name (Applicant) _____

AGE: _____

PURE TONE AUDIOMETRY



Audiogram Key



Speech Audiometry	Right Ear	Left Ear	Binaural
Speech reception threshold	<input type="text"/> db	<input type="text"/> db	<input type="text"/> db
Most comfortable listening level	<input type="text"/> db	<input type="text"/> db	<input type="text"/> db
Tolerance level for speech	<input type="text"/> db	<input type="text"/> db	<input type="text"/> db
Speech discrimination	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Typanometry:

Type

Right Ear	<input type="text"/>
Left Ear	<input type="text"/>

Summary of Audiologic Data

What effect does the unaided hearing loss have on communication in this client's work environment? What are the anticipated benefits to be derived from amplification, if any.

(i.e., function in terms of client's ability to understand speech in various vocational listening situations.)

Is Hearing Aid Evaluation Recommended? ___ Yes ___ No If no, please explain.

Responsible Audiologist _____

Address _____

Date _____