

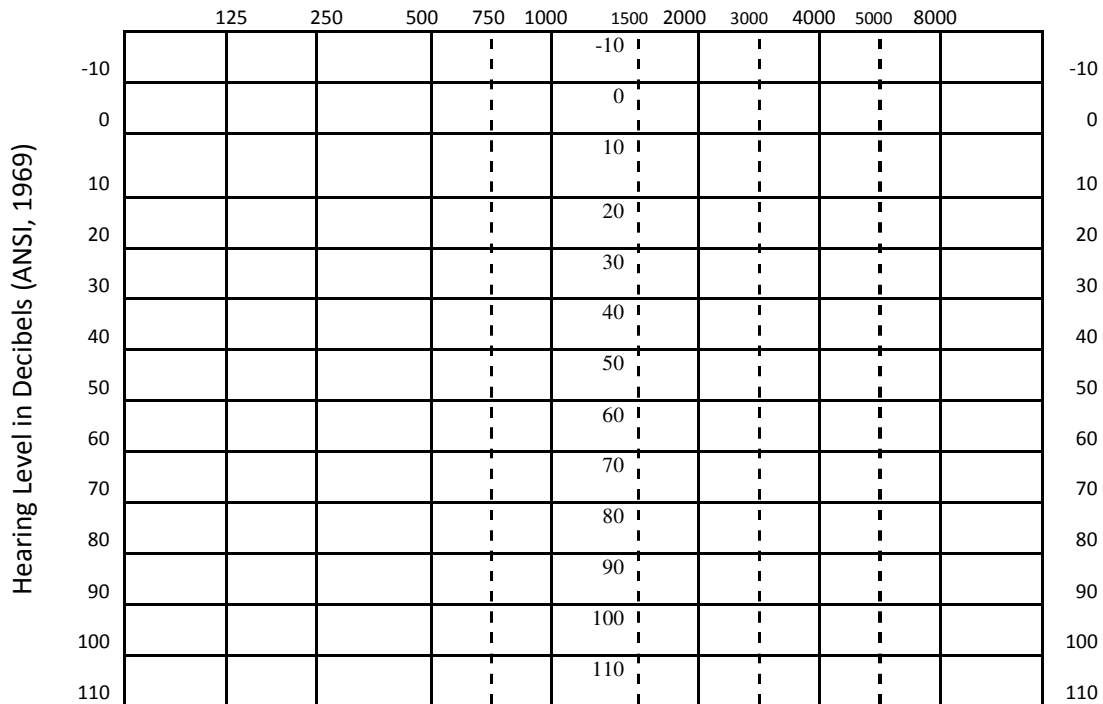
AUDIOLOGIC EXAMINATION

Name (Applicant) \_\_\_\_\_

AGE: \_\_\_\_\_

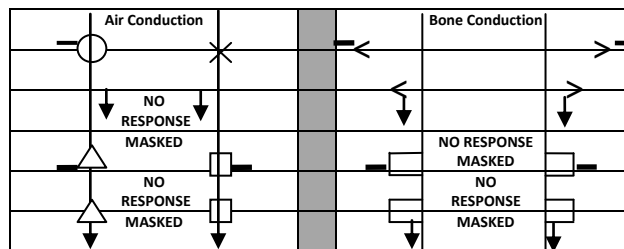
PURE TONE AUDIOMETRY

Hertz



**Audiogram Key**

Right (Red)      Left (Blue)      Right (Red)      Left (Blue)



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 \_\_\_\_\_