NAME:
FILE NUMBER:

IV. VERIFICATION OF AUDIOMETRIC TESTING

Audiologist's Name _____

AUDIOGRAM IS ONLY ACCEPTABLE FOR USE IF AUDIOLOGIST IS AHSA CERTIFIED OR HAS A STATE LICENSE - REFER FOR TESTING IF OFFICE AUDIOLOGIST DOES NOT MEET THIS CRITERIA.

ASHA Cert. I.D. _____ State License I.D. _____

THE AUDIOMETER MUST MEET THE TEST ENVIRONMENT STANDARDS AS OUTLINED IN THE ATTACHED CA - 1087.

Audiometer:

Manufacturer _____ Model _____ Serial No. _____

Type (manual, automatic, microprocessor) _____

CALIBRATION (BN. NO. 82-16 requires annual calibration to ANSI 1969 Standards)

Date Calibrated: Month _____ Day _____ Year _____

By Whom _____

The audiometric test results are valid and representative of this employee's hearing sensitivity.

☐ Yes ☐ No

If you have reservations concerning the audiometric test findings, please state what additional evaluations or tests you would suggest.

BOTH SIGNATURES ARE REQUIRED. IF THE OPINIONS VARY, PLEASE ATTACH A SIGNED SHEET WITH EXPLICATIVE RATIONALE.

Signature _____ Audiologist

Signature _____ Physician

Please note the following points which are commonly missed and without which adjudication cannot be completed.:

(1) Please include your complete audiograms with air conduction thresholds between 500 and 8000 Hz. and bone conduction thresholds between 500 and 4000 Hz. Please include impedance audiometry.

(2) Be sure your calibration is up to date according to enclosed CA-1087.

(3) Be sure the audiologist is state licensed, or certified in audiology by the American Speech Language Hearing Association.

(4) Be sure all opinions are completed and signed by the appropriate individuals.

V. AUDIOMETRIC TEST RESULTS:

TO ELIMINATE THE POSSIBILITY OF TEMPORARY THRESHOLD SHIFT, THE PATIENT SHOULD NOT BE TESTED UNLESS FREE OF SIGNIFICANT NOISE EXPOSURE FOR AT LEAST 16 HOURS - OTHERWISE RESCHEDULE. PATIENT FREE FROM NOISE EXPOSURE FOR _____ HOURS PRIOR TO TESTING.

Audiometric testing completed on _____ (date) at _____ (hour)

Pure-tone Audiometry (please also include your complete audiograms with air conduction threshold from 500 through 8000 Hz; bone conduction from 500 through 4000 Hz; and the tympanogram, acoustic reflexes and/or other impedance testing as outlined in Instruction CA-1067.)

Is a significant air-bone gap present?

Right - Yes ( ) No ( ) Left - Yes ( ) No ( )

	Right Ear AIR		Right Ear BONE		Left Ear AIR		Left Ear BONE	
500	Hz	____	dB	____	dB	____	dB	
1000	Hz	____	dB	____	dB	____	dB	
2000	Hz	____	dB	____	dB	____	dB	
3000	Hz	____	dB	____	dB	____	dB	

* The frequency 3000 Hz is required for adjudication in Federal compensation cases.

Was masking (narrow-band) utilized for Pure-Tone Audiometry?
Yes _____ No _____ LEVEL: _____ dB

SPEECH AUDIOMETRY	RIGHT	LEFT
Speech Reception Threshold (SRT)	_____ dB	_____ dB
Auditory Discrimination Scores	_____ %	_____ %
Discrimination Test given at	_____ HL	_____ HL

Was masking (wide-band) utilized for speech audiometry?
YES _____ NO _____ LEVEL: _____ dB

Do the SRT and PTA (pure tone average) scores agree with 6 dB?
YES _____ NO _____

If not, do they agree using the best two frequency "Fletcher" method?
YES _____ NO _____

If not, please explain if you believe the discrepancy is of an organic or functional basis and include as much detail as you can?

If there is a marked audiometric discrepancy between each ear, were there particular conditions of exposure or protection that justify this difference? Explain any such difference as fully as possible.