IV. VERIFICATION OF AUDIOMETRIC TESTING

Audiologist's Name ____________________________

AUDIOTR D GRAM IS ONLY ACCEPTABLE FOR USE IF AUDIOLIGIST IS AHSLA CERTIFIED OR HAS A STATE LICENSE - REFER FOR TESTING IF OFFICE AUDIOLIGIST 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. 82-18 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 _______ at _______.

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-1087.)

Is a significant air-bone gap present?

<table>
<thead>
<tr>
<th>Right Ear</th>
<th>Left Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>BONE</td>
</tr>
<tr>
<td>500 Hz</td>
<td>dB</td>
</tr>
<tr>
<td>1000 Hz</td>
<td>dB</td>
</tr>
<tr>
<td>2000 Hz</td>
<td>dB</td>
</tr>
<tr>
<td>3000 Hz</td>
<td>dB</td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRT dB</td>
<td>dB</td>
</tr>
<tr>
<td>Auditory Discrimination Scores %</td>
<td>%</td>
</tr>
</tbody>
</table>

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.