AUDIOLOGICAL EVALUATION RESULTS

DATE OF EXAM	PROFILE	CALIBRATION DATE	MEDICAL TREATMENT FACILITY
	H-		

EXAMINER'S NAME	CERTIFICATION NUMBER	AFSC/CSOC	AUDIOMETER	CALIB STD ANSI 1969

	LEFT EAR									RIGHT EAR								
FREQUENCY (Hz)	250	500	1000	1500	2000	3000	4000	6000	8000	250	500	1000	1500	2000	3000	4000	6000	8000
AIR CONDUCTION																		
AIR COND MASK																		
AIR COND MASK LEVEL																		
BONE CONDUCTION																		
BONE COND MASK																		
BONE COND MASK LEVEL																		

FREQUENCY (Hz)

125 250 500 750 1000 1500 2000 3000 4000 6000 8000

INTENSITY (dB)

0 10 20 30 40 50 60 70 80 90 100 110

IMPEDANCE AUDIOMETRY

TYPANOGRAM

-400 -300 -200 -100 0 100 200 300

0 1 2 3 4 5 6 7 8 9 10

10 9 8 7 6 5 4 3 2 1 0

ACOUSTIC REFLEX THRESHOLDS

CONTRALATERAL		IPSILATERAL	
LEFT	500 Hz	LEFT	500 Hz
	1000 Hz		1000 Hz
RIGHT	500 Hz	RIGHT	500 Hz
	1000 Hz		1000 Hz

SPEECH AUDIOMETRY

RIGHT	SRT		MCL		MASK LEVEL		LISTS		NU6
LEFT									TAPE
									LIVE

SPEECH DISCRIM	PER-CENT	HEAR-ING LEVEL	MASK LEVEL	PER-CENT	HEAR-ING LEVEL	MASK LEVEL	PER-CENT	HEAR-ING LEVEL	MASK LEVEL
RIGHT									
LEFT									

REFLEX DECAY TEST

CONTRALATERAL				IPSILATERAL			
STIMULATE LEFT				STIMULATE LEFT			
500	1K	2K	4K	500	1K	2K	4K
STIMULATE RIGHT				STIMULATE RIGHT			
500	1K	2K	4K	500	1K	2K	4K

LEFT (Blue)	KEY	RIGHT (Red)
X	AC	O
□	AC MASKED	Δ
>	BC	<
⊐	BC MASKED	⊏

SOUND FIELD	∿	COULD NOT TEST	CNT
NO RESPONSE	NR	DID NOT TEST	DNT

COMMENTS

PATIENT IDENTIFICATION

PATIENT'S NAME

AGE	SSN	RANK/GRADE

ORGANIZATION/LOCATION

AF Form 1489, MAY 91