

Audiometric Report

Saint John Office 1 800 999-9775 toll-free | 506 632-2200 local | 1 888 629-4722 fax

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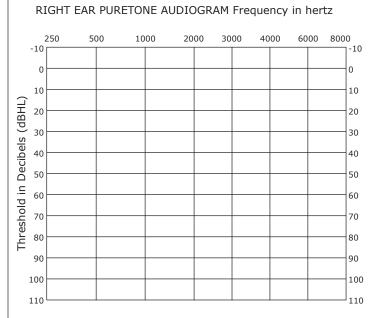
WorkSafeNB claim number							Medicare number									
Vorker i	inforn	natio	on					'								
Worker's last name							First name							Initial		
Date of birt	th															
lealth c		ovio	der in	forı	natio	n										
Provider name											Provid	er nur	mber			
Completed by							Date	te reported Phone number								
Speech a	audioi	netı	ту						Middle e	ar fı	unct	ion				
	Right				Left				Acoustic reflexes							
Otoccopy		dB	SN L	dB		dB	SN R	dB	Contra		HTL	.5K	1K	2K	4K	Earphones Supra-aura
							SN R	dB	reflex threshold		RE					Insert
SRT WRS with		%	SN L	dB		%	SIVK	uВ								
SRT WRS with recorded	at	% dB	SN L	dB	at	% dB	SNR	45	Ipsi	lus ear	LE					Reliability Good
Otoscopy SRT WRS with recorded voice MCL UCL	at		SN L	dB	at		SN K		Ipsi reflex threshold	Stimulus ear	LE RE					

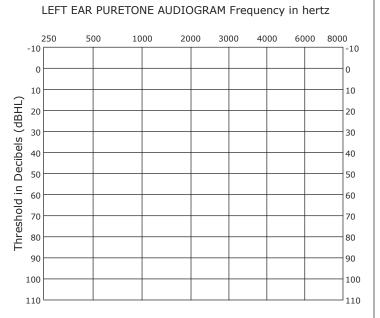
	MEP	daPa	ECV	ml	SC	ml
RE						
LE						



Audiometric Report

Audiogram





Please insert air conduction thresholds if the loss is sensorineural, and insert bone conduction thresholds, in addition, only if the loss is conductive or mixed

Key to audiometric symbols

 $\begin{array}{lll} 0 &=& \text{right unmasked air} & > &=& \text{left unmasked bone} \\ X &=& \text{left unmasked air} & [&=& \text{right masked bone} \\ \Delta &=& \text{right masked air} &] &=& \text{left masked bone} \\ \Box &=& \text{left masked air} & C &=& \text{contralateral reflex} \\ < &=& \text{right unmasked bone} & I &=& \text{ipsilateral reflex} \end{array}$

Audiologic assessment

Audiometry	Test behaviours				
Yes No SRT vs. PTA (.5k, 1k, 2k, OR .5k, 1k AVG.) ±	Yes No Atypical response patterns				
7-10 dB	Yes No Test inconsistency				
Yes No Tympanometry agrees with nature of hearing loss	Yes No Unusual speech audiometric patterns or responses				
Yes No Acoustic reflexes as anticipated for nature and degree of hearing loss	Yes No Discrepancy between history, thresholds and/ or behaviours outside test booth				
If NO to any of the above, provide details:	If YES to any of the above, provide details:				
Confirm the worker was reportedly free of hazardous noise exposur	re for 16 hours immediately prior to assessment Yes No				



Results

Degree of Hearing Loss		Type of Hearing Loss	Middle Ear Function					
R	L Normal (0-15 dBHL)	R L High Frequency	R L Normal Tympanogram					
R	L Minimal (16-25 dBHL)	R L Low Frequency	R L Negative Middle Ear Pressure					
R	L Mild (26-40 dBHL)	R L Conductive	R L Flat/Round Tympanogram					
R	L Moderate (41-55 dBHL)	R L Sensorineural	R L High Compliance					
R	L Moderate-Severe (56-70 dBHL)	R L Mixed	R L Low Compliance					
R	L Severe (71-90 dBHL)		R L Absent/Elevated Acoustic Reflexes					
R	L Profound (91+ dBHL)		R L Large Physical Volume					

Medical information

Other relevant history reported (if yes provide details)	Yes	No	Right	Left	Details
Tinnitus					
Dizziness/imbalance					
Facial numbness					
Head injury					
Familial hearing loss					
Chronic disease (diabetes, etc.)					
Medications					
Meniere's					
Ear disease and/or ear or cranial surgery (otalgia, otorrhea, etc)					

	Yes	No	Don't know
Are early audiograms or ENT consults available for review? If yes, please submit.			
Did the onset and progression of the hearing loss develop in the first 10-15 years of noise exposure?			
Did the hearing loss initially develop as a "notch" in the 3000-6000 Hz region with a better threshold at the next higher frequency, of at least 15dB?			
Did the hearing loss develop symmetrically (< 15dB difference)?			
If NO to any of the above, please explain:			
Has there been any non-occupational noise exposure? If yes, please provide details:			