Audiometric Report

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

WorkSafeNB claim number	Medicare number

Worker information

Worker's last name	First name	Initial

Date of birth

Health care provider information

Provider name	Provider number

Completed by	Date reported	Phone number

Speech audiometry

	Right				Left			
Otoscopy								
SRT		dB	SN L	dB		dB	SN R	dB
WRS with recorded voice	at	% dB	SN L	dB	at	% dB	SN R	dB
MCL								
UCL								

Middle ear function

Acoustic reflexes

		HTL					Earphones
Contra reflex threshold	Stimulus ear		.5K	1K	2K	4K	☐ Supra-aural
		RE					☐ Insert
		LE					Reliability
Ipsi reflex threshold		RE					☐ Good
							☐ Fair
		LE					☐ Poor

Tympanogram

	MEP daPa	ECV ml	SC ml
RE			
LE			

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WORKSAFE / TRAVAIL SÉCURITAIRE NB

Audiogram

RIGHT EAR PURETONE AUDIOGRAM Frequency in hertz

LEFT EAR PURETONE AUDIOGRAM Frequency in hertz

Threshold in Decibels (dBHL)

Frequencies: 250, 500, 1000, 2000, 3000, 4000, 6000, 8000

Threshold scale: -10 to 110 dBHL

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

0	= right unmasked air	>	= left unmasked bone
X	= left unmasked air	[	= right masked bone
Δ	= right masked air	]	= left masked bone
□	= left masked air	C	= contralateral reflex
<	= right unmasked bone	I	= ipsilateral reflex

Audiologic assessment

Audiometry

Yes	No	
☐	☐	SRT vs. PTA (.5k, 1k, 2k, OR .5k, 1k AVG.) ± 7-10 dB
☐	☐	Tympanometry agrees with nature of hearing loss
☐	☐	Acoustic reflexes as anticipated for nature and degree of hearing loss

If NO to any of the above, provide details:

Test behaviours

Yes	No	
☐	☐	Atypical response patterns
☐	☐	Test inconsistency
☐	☐	Unusual speech audiometric patterns or responses
☐	☐	Discrepancy between history, thresholds and/or behaviours outside test booth

If YES to any of the above, provide details:

Confirm the worker was reportedly free of hazardous noise exposure for 16 hours immediately prior to assessment ☐ Yes ☐ No

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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)	☐	☐	☐	☐	

Noise exposure, onset and progression

	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: