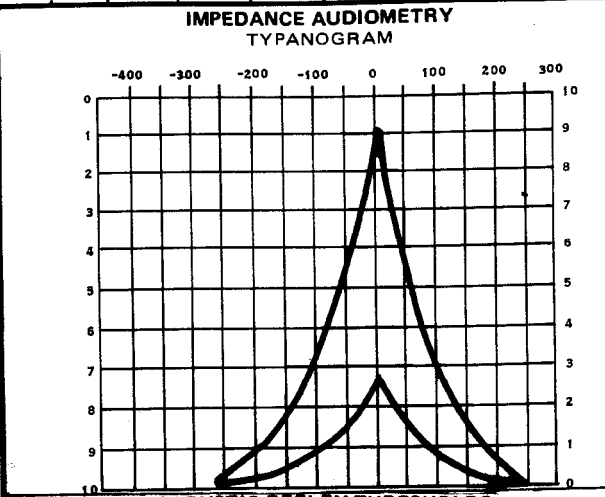
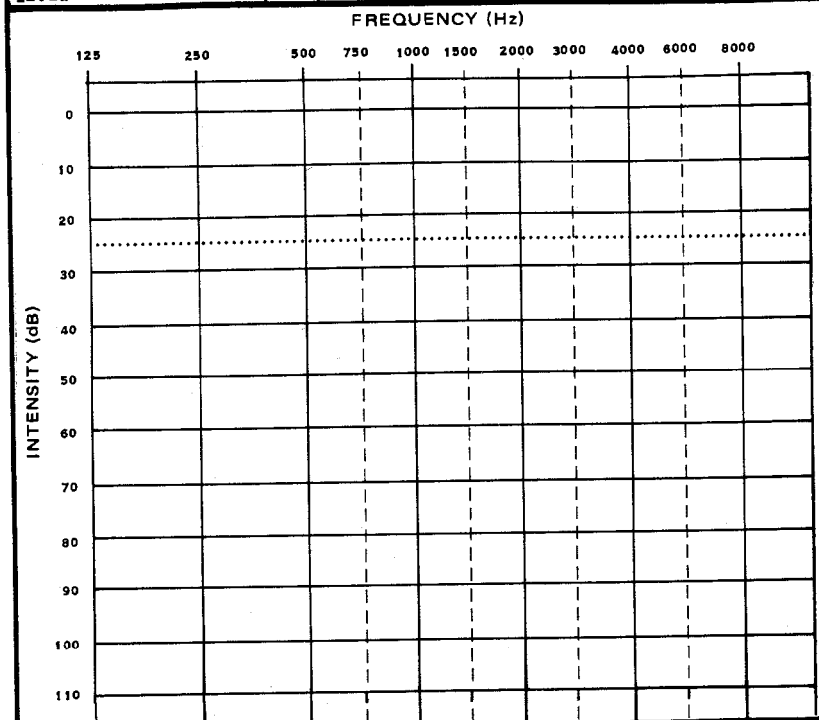




# AUDIOLOGICAL EVALUATION RESULTS

DATE OF EXAM	PROFILE H-	CALIBRATION DATE	MEDICAL TREATMENT FACILITY
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																		



**ACOUSTIC REFLEX THRESHOLDS**

CONTRALATERAL		IPSI LATERAL	
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				IPSI LATERAL			
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 <i>(Blue)</i>	KEY	RIGHT <i>(Red)</i>	COMMENTS
X	AC	O	
□	AC MASKED	△	
>	BC	<	
]	BC MASKED	⌊	
SOUND FIELD	~	COULD NOT TEST CNT	
NO RESPONSE	NR	DID NOT TEST DNT	

PATIENT IDENTIFICATION		PATIENT'S NAME	
AGE	SSN	RANK/GRADE	
ORGANIZATION/LOCATION			