



# HCHS/SOL Audiometry Examination

ID NUMBER:

FORM CODE: AUD  
VERSION: A 8/21/07

Contact Occasion

SEQ #

Acrostic: \_\_\_\_\_

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff Examiner ID:

0c. Audiometer #::

**Instructions:** Enter "=" if a measurement is permanently missing. "No responses" should be recorded as 5 units above maximum thresholds.

		1000Hz		500Hz		1000Hz <i>Repeat</i>		2000Hz		3000Hz		4000Hz		6000Hz		8000Hz	
		HdPh	Insert	HdPh	Insert	HdPh	Insert	HdPh	Insert	HdPh	Insert	HdPh	Insert	HdPh	Insert	HdPh	Insert
RIGHT EAR	Threshold																
	Mask Trsh.																
	Mask Level																
	Bone Threshold																
	Bone Mask Threshold																
	Bone Mask Level																

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