

IDENTIFYING INFORMATION	
Name/Identifier	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade	_____
Examiner	_____

AGE CALCULATOR			
	Year	Month	Day
Test Date	_____	_____	_____
Birth Date	_____	_____	_____
Chronological Age	_____	_____	_____

PART I. AUDIOLOGIC SCREEN RESULTS

Right Ear			Left Ear		
	Pass Screen	Threshold		Pass Screen	Threshold
500	_____	_____	500	_____	_____
1000	_____	_____	1000	_____	_____
2000	_____	_____	2000	_____	_____
4000	_____	_____	4000	_____	_____

Notes:

PART II. ACOUSTIC IMMITTANCE RESULTS

(Staple to this form)

Notes:
