

WCB Claim #:

Health Card #:

WORKER INFORMATION

Worker's Last Name: _____ First Name: _____ Initial: _____ Date of Birth: dd | mm | yyyy

HEALTH CARE PROVIDER INFORMATION

Provider Name: _____ ID#: _____
Tested by/credentials: _____ Test Date: dd | mm | yyyy Phone: _____

TYMPANOGRAM (mandatory for Audiologist Diagnostic Assessment)

	MEP	daPa	ECV	ml	SC	ml	Type
RE							
LE							

ACOUSTIC REFLEXES (mandatory for Audiologist Diagnostic Assessment)

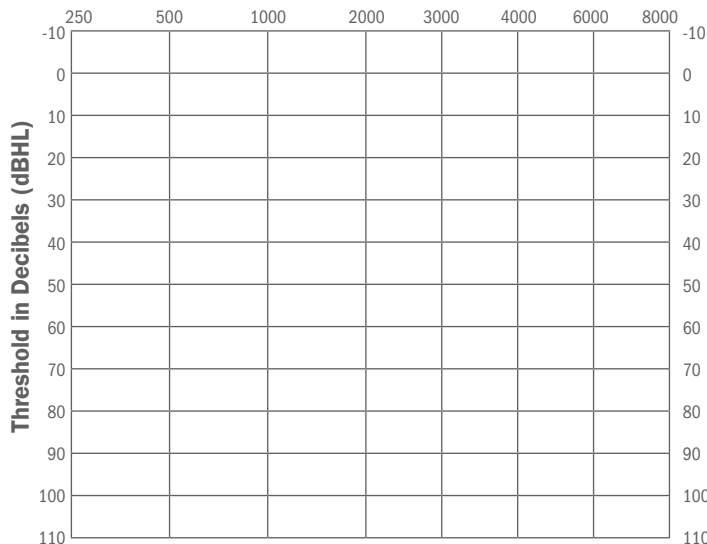
	Stimulus ear	HTL				Earphones: <input type="checkbox"/> Supra-aural <input type="checkbox"/> Insert	Audiometer: Calibrated: dd mm yyyy
		.5K	1K	2K	4k		
Contra reflex threshold	RE					Reliability: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Booth: <input type="checkbox"/> Yes <input type="checkbox"/> No
	LE						
	RE						
	LE						

SPEECH AUDIOMETRY

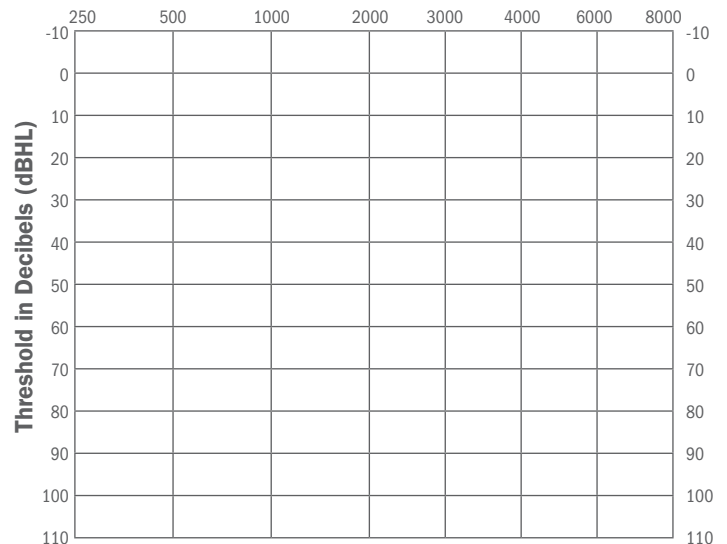
	Right				Left			
PTA .5K, 1K, 2K								
SRT		dB	SN L	dB		dB	SN R	dB
WRS <input type="checkbox"/> Live <input type="checkbox"/> CD	at	% dB	SN L	dB	at	% dB	SN R	dB
	at	% dB	SN L	dB	at	% dB	SN R	dB
MCL								
UCL								
Otoscopy								

AUDIOGRAM

RIGHT EAR PURETONE AUDIOGRAM Frequency in hertz



LEFT EAR PURETONE AUDIOGRAM Frequency in hertz



When providing the thresholds below, 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.

RIGHT EAR TABULAR AUDIOGRAM

LEFT EAR TABULAR AUDIOGRAM

	500	1000	2000	3000	500	1000	2000	3000
Hz								
Air								
Bone								

Key to Audiometric Symbols

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

AUDIOLOGIC ASSESSMENT

Audiometry

- Yes No SRT vs. PTA (.5k, 1k, 2k, OR .5k, 1k AVG.) ± 7-10 dB
- Yes No Tympanometry agrees with nature of hearing loss
- Yes No 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
- Yes No Test inconsistency
- Yes No Unusual speech audiometric patterns or responses
- Yes No 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

MEDICAL INFORMATION

Other relevant history reported (if yes provide details):	Yes	No	Right	Left	Details
Tinnitus					
Otalgia					
Otorrhea					
Dizziness/imbalance					
Facial numbness					
Head injury					
Familial hearing loss					
Chronic disease eg diabetes, etc					
Medications					
Meniere's					
Ear or cranio facial surgery					

NOISE EXPOSURE, ONSET AND PROGRESSION

	Yes	No	Don't know
Type of noise exposure:			
Broadband noise exposure			
Tonal noise exposure			
Intensity of noise exposure: Lex dBA			
Duration of noise exposure: Daily hours Annually hours			
Are early audiograms available for review?			
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 YES please submit the earlier audiograms as support.			
If NO to any of the above, please explain:			
Has there been any non-occupational noise exposure? If yes, please provide details:			

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CURRENT AUDIOMETRIC RESULTS		
	Yes	No
Do low frequency thresholds (250Hz-1000Hz) exceed 40dBHL?		
Do high frequency thresholds (3000Hz-8000Hz) exceed 75dBHL?		
Is the hearing loss asymmetrical (> 15 dB difference)?		
If YES to any of the above, please explain:		
Please confirm that you have shared the results of this test with worker <input type="checkbox"/> Yes <input type="checkbox"/> No		

Clinician Notes: