Clear Form

WCB / NOVA SCOTIA

WCB Nova Scotia
200-137 Venture Run
Dartmouth, NS B3B 0L9

Toll-free: 1-800-870-3331
Fax: 902-491-8001

Audiometric Report

WCB Claim #:
Health Card #:

Please fax or mail the completed form to us using the information on the form.

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)

Contra reflex threshold / Ipsi reflex threshold — Stimulus ear	HTL .5K	1K	2K	4k
RE				
LE				
RE				
LE				

Earphones:
- ☐ Supra-aural
- ☐ Insert

Reliability:
- ☐ Good
- ☐ Fair
- ☐ Poor

Audiometer:

Calibrated: dd / mm / yyyy

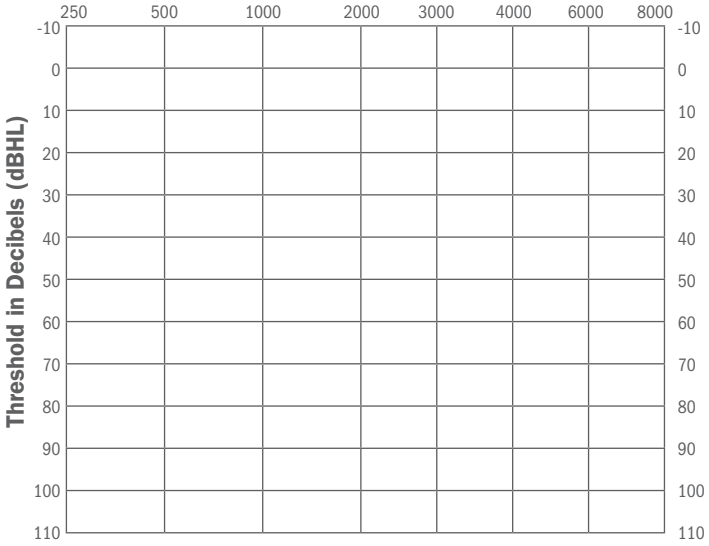
Booth:
- ☐ Yes
- ☐ No

SPEECH AUDIOMETRY

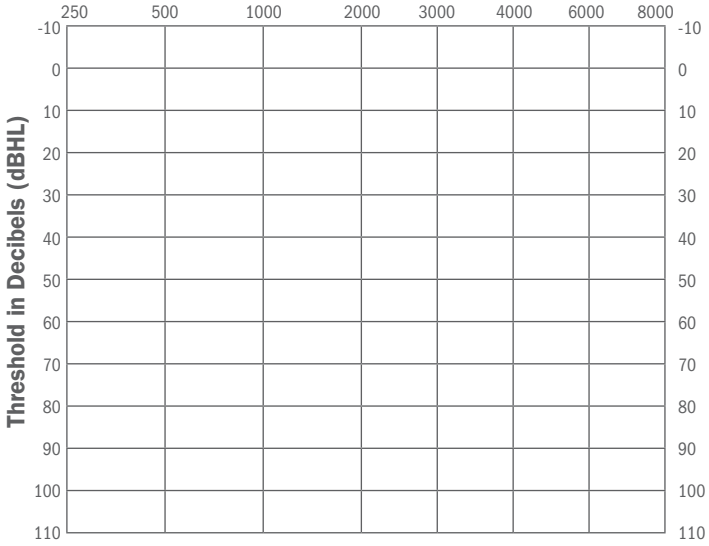
	Right		Left	
PTA .5K, 1K, 2K				
SRT	dB	SN L dB	dB	SN R dB
WRS ☐ Live ☐ CD	% at dB	SN L dB	% at dB	SN R dB
	% at dB	SN L dB	% at dB	SN R dB
MCL				
UCL				
Otoscopy				

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			
Hz	500	1000	2000	3000	500	1000	2000	3000
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

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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 ☐ Yes ☐ No		

Clinician Notes: