Andrews University
Speech-Language Pathology and Audiology Department

Berrien Springs, Michigan, 49104-0120 (269)471-3468

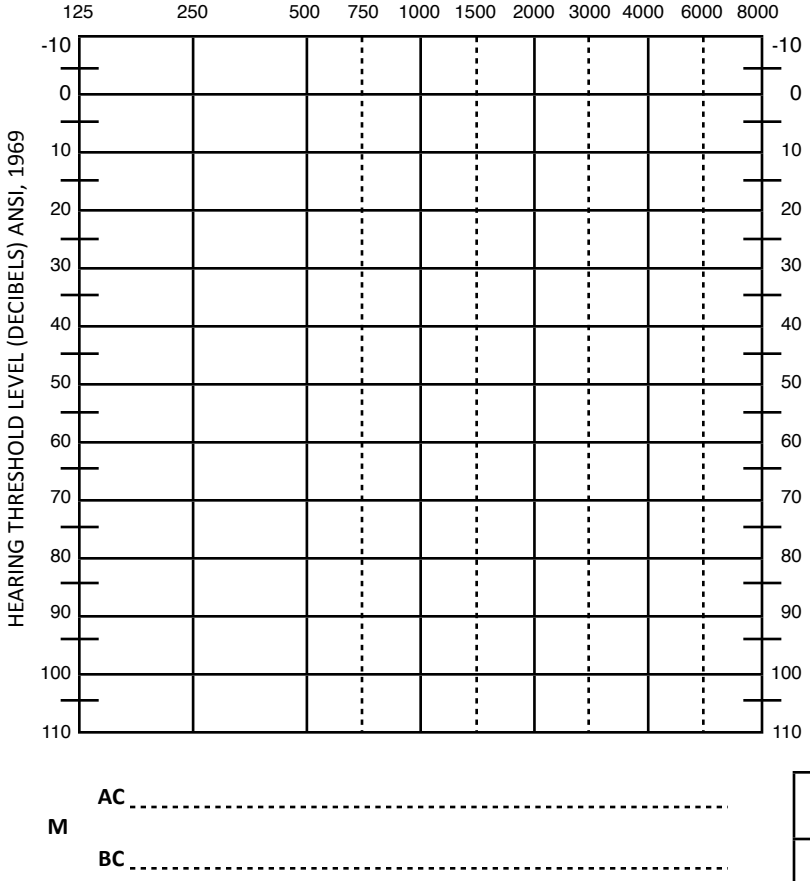
Audiologic Evaluation

Name_____ **DOB**_____ **Date**_____ **Examiner:** _____

_____

Pure Tone Audiogram

FREQUENCY, HZ (CPS)



Speech Audiometry

MLV Tape	PTA	SRT SAT	EM	HL %	HL %	EM	LIST	
RT								
LT								
SF								
BONE								

Test Reliability
Good
Fair
Poor

Method _____

Tympanogram

	Right	Left
Type		
Peak (daPa)		
Volume (ml)		
ECV		

Immitance

Acoustic Reflex

	Stim	Meas	500	1K	2K	4K	Decay
Contra	RT	LT					
	LT	RT					
Ipsi	RT	RT					
	LT	LT					

LEGEND

	AC Unmasked	AC Masked	BC Unmasked	BC Masked	No Response	Sound Field
Right (Red)	O	Δ	<	[	↙	S (unaided)
Left (Blue)	X	□	>	]	↘	A (Aided)

Remarks: _____