Andrews University
Speech-Language Pathology and Audiology Department

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

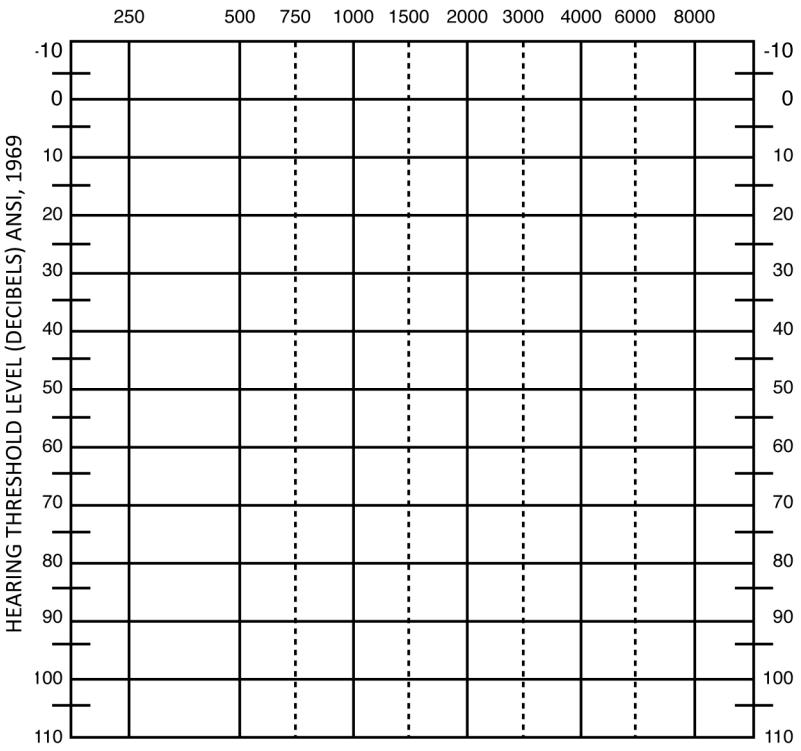
Audiologic Evaluation

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

DOB_____ _____

Pure Tone Audiogram

FREQUENCY, HZ (CPS)



AC ----------

M

BC ----------

Speech Audiometry

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

Tympanogram

Test Reliability
Good
Fair
Poor

Method _____

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

Immitance

2.0 1.6 1.2 .8 .4 0

-400 0 +200

Acoustic Reflex

	Stim	Meas	500	1K	2K	4K	Decay
contra	RT	LT					
contra	LT	RT					
ipsi	RT	RT					
ipsi	LT	LT					

LEGEND

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

Remarks: _____