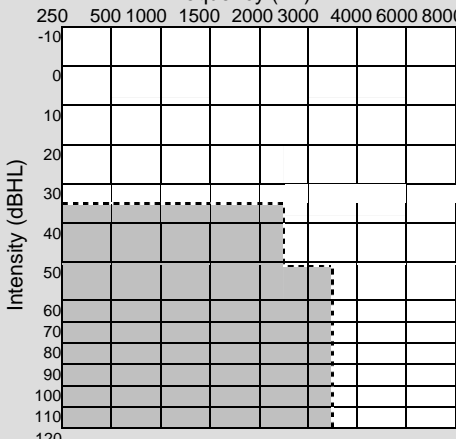


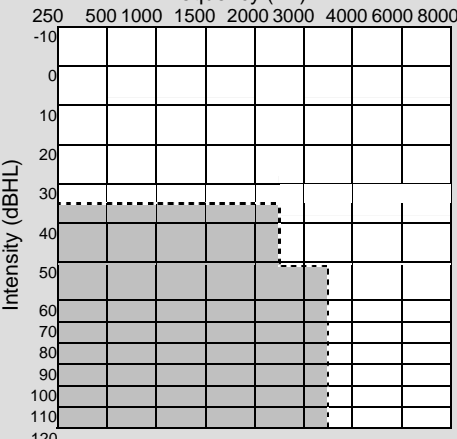
| | |
|--|--------------------------|
| 1. Name | 2. CAA Client No. |
| 3. Postal Address | 4. Date of Birth |
| 5. Certificate(s) applied for Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> | |
| 6. Applicant's Signature: To be signed in front of examiner. Date: / / | |

7. PURE TONE AUDIOMETRY (all applicants)

RIGHT EAR
Frequency (Hz)



LEFT EAR
Frequency (Hz)



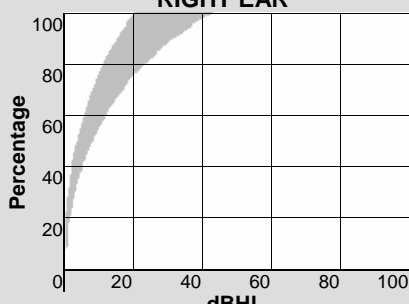
It is mandatory to record at 500, 1000, 2000 and 3000 Hz. Other frequencies up to 8000 Hz are desirable.

| SYMBOLS | | |
|--------------|-------------|-------------|
| Right | | Left |
| ○ | Air | X |
| ● | Air Masked | # |
| < | Bone | > |
| ◁ | Bone Masked | ▷ |

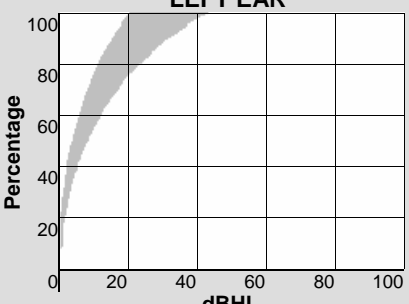
Audiometer: _____
Calibration Date: _____

8. SPEECH AUDIOMETRY (as indicated)

RIGHT EAR



LEFT EAR

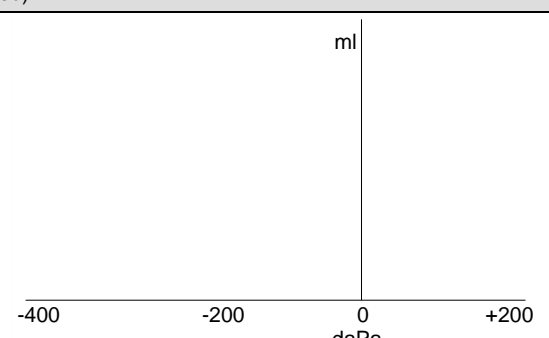


| SYMBOLS | | |
|--------------|---------------|-------------|
| Right | | Left |
| ○ | Speech | X |
| ● | Speech Masked | # |

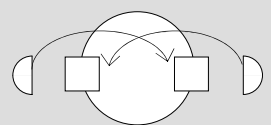
Earphones: Insert 3A
TDH Headsets

9. IMMITTANCE AUDIOMETRY (as indicated)

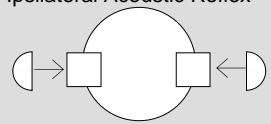
| Right | Left |
|-------------------|-------|
| _____ Type _____ | _____ |
| _____ MEP _____ | _____ |
| _____ Immit _____ | _____ |
| _____ Vol _____ | _____ |



Contralateral Acoustic Reflex



Ipsilateral Acoustic Reflex



Normal Elevated Absent

10. Diagnosis/Comments

| | |
|--|--|
| <p>11. Print Examiner's Name and Address (Practice Stamp Preferred)</p> <p>Telephone Number: _____ Facsimile Number: _____</p> | <p>12. Client's ID: Indicate the type of photographic ID sighted, serial number and expiry date.</p> <p><input type="checkbox"/> Client's photographic ID sighted at the medical examination.</p> <p>13. Examiner's Declaration: I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.</p> <p>Examiner signature: _____ Date: / /</p> |
|--|--|