

Client # _____

Audiometric Screening

Client Name: _____ Date: _____

Clinician: _____ Supervisor: _____

Listening Check of Equipment: _____ Right _____ Left

Visual Inspection of Ear (+ / -): _____

(Inspect for gross abnormalities, including preauricular pits/tags, for each outer ear.)

Pure Tone Screen

Place "+" for pass or "-" for fail for each ear and corresponding frequency in boxes.

*NOTE: ADULT PASS criteria 25dB HL for 1-4KHz. (For either pediatric or adult, one failed function in either ear necessitates a referral for a hearing evaluation by an audiologist.)

Decibels (dB)	25dB	20dB* (*25dB Adults)		
	500Hz	1000 Hz	2000Hz	4000Hz
Right (Red)				
Left (Blue)				