



**Texas Workforce Commission**  
**Vocational Rehabilitation Services**  
**Hearing Evaluation Report**  
**Audiometric Examination**

**Instructions**

To be completed by the audiologist, hearing aid specialist, or medical doctor's staff. Please complete all of the form and attach the audiogram. All fields must be completed except where indicated as optional.

**Participant/Customer Information**

Customer name:	Case ID:
Telephone number:	Date of birth:

**Audiometric Examination Report**

The information requested is necessary to help counselors determine eligibility and/or a plan for rehabilitation services for the person named. This section is to be completed by the audiologist, hearing aid specialist, or medical doctor's staff.

Return report to (name):		
Address:		
Examiner's name:		Examination date:
Audiometer manufacturer:	Audiometer serial number:	Calibration date:

**Audiometric Results**

Degree of hearing loss, check all that apply	Right	Left
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Severe	<input type="checkbox"/>	<input type="checkbox"/>
Profound	<input type="checkbox"/>	<input type="checkbox"/>
Type of hearing loss, check all that apply	Right	Left
Sensorineural	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	<input type="checkbox"/>
Conductive	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pure tone average (PTA)</b>	<b>Right</b>	<b>Left</b>
PTA at 500, 1k, and 2k		

Note: PTA cannot determine hearing aid need

**Most Comfortable Level MCL:**

Speech Testing Data (unaided)	% Right	% Left	% Both
Presented at Conversational level (55-65 dB HL) in Quiet			
Presented at Conversational level (55-65 dB HL) in Noise			
Binaural Testing in Sound Field - optional			

**Does hearing loss impact the customer's ability to hear unaided conversational speech without amplification?**  Yes  No

### Tympanometry

Type	Description	Right	Left
Type A	Normal eardrum mobility and pressure	<input type="checkbox"/>	<input type="checkbox"/>
Type C	Normal eardrum mobility with negative pressure	<input type="checkbox"/>	<input type="checkbox"/>
Type B	Normal volume, no eardrum mobility/perforated eardrum	<input type="checkbox"/>	<input type="checkbox"/>
Type AS	Stiff middle ear system	<input type="checkbox"/>	<input type="checkbox"/>
Type AD	Increased compliance	<input type="checkbox"/>	<input type="checkbox"/>

Audiological analysis: Describe limitations and impact of customer's hearing loss in social, educational, and employment environments. Elaborate as needed.

Recommendations for further communication rehabilitation:

Examiner's name:

Examination date:

Examiner address:

Telephone number:

Examiner's signature:

All information is to be treated as confidential. Examinee has the legal right to see this report when the examinee requests.