External Hearing Evaluation

RESET

Claims Call Centre
Phone 604.231.8888
Toll-free 1.888.967.5377
M–F, 8 a.m. to 6 p.m.

Fax
604.233.9777
Toll-free **1.888.922.8807**

Mail
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number

Date of birth (yyyy-mm-dd)	Date of examination (yyyy-mm-dd)

Clinic's information

Clinic's name/address	Payee number

Practitioner	Phone number (include area code)	Fax number (include area code)

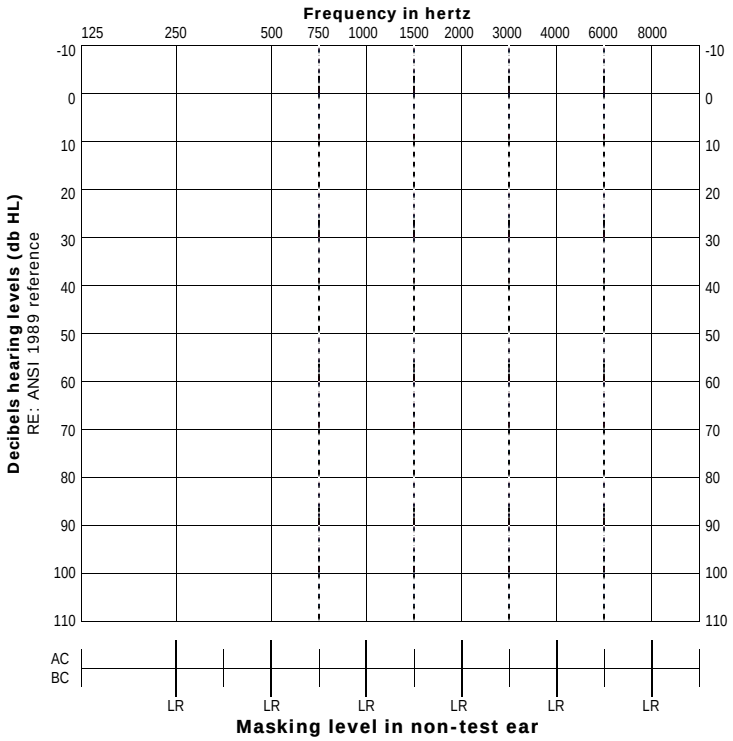
Tympanogram

	MEP daPa	ECV ml	SC ml	Type
RE				
LE				

Acoustic reflexes (mandatory for Audiologist Diagnostic Assessment 51D4 only)

Stimulus ear	HTL	.5K	1K	2K	4K
Contra reflex threshold	RE				
	LE				
Ipsi reflex threshold	RE				
	LE				

Earphones	Audiometer
☐ Supra-aural ☐ Insert	
Reliability	**Booth**
☐ Good ☐ Fair ☐ Poor	☐ Yes ☐ No



Speech Audiometry

Speech Audiometry

	Right			Left		
PTA .5K, 1K, 2K						
SRT	dB	SN L	dB	dB	SN R	dB
WRS	%	SN L	dB	%	SN R	dB
☐ Live	at dB			at dB		
☐ CD	%	SN L	dB	%	SN R	dB
	at dB			at dB		
MCL						
UCL						
Otoscopy						

Audiogram key

	Right	Left		Right	Left
AC unmasked	o	x	BC mastoid masked	[	]
AC masked	△	□	No response on any symbol	↙	↘
BC mastoid unmasked	<	>	Frequency-specific UCL	R	L

Comments/Summary

☐ Audiologist ☐ HIP **Medical referral made?** ☐ Yes ☐ No

Signature