

# ILLINOIS DEPARTMENT OF PUBLIC HEALTH in cooperation with

Date \_\_\_\_\_

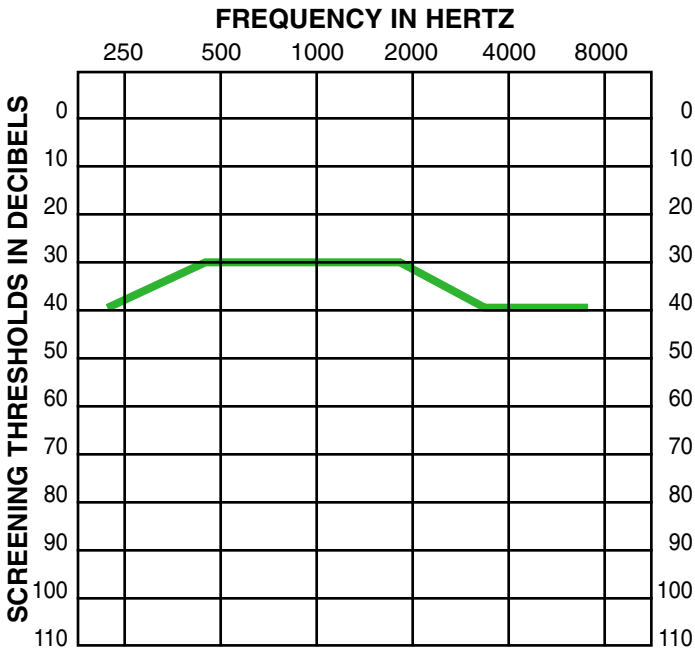
Test Number \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
(last) (first) (initial) (month) / (day) / (year)

Parent/Guardian \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
(last) (first)

Address \_\_\_\_\_ County \_\_\_\_\_  
(number/street) (city) (ZIP code)

Testing location \_\_\_\_\_ Testing agency \_\_\_\_\_



Tester \_\_\_\_\_

Audiometer and Serial number \_\_\_\_\_

Audiogram Code  
(Air Conduction)

Right ear – 0 (red)

Left ear – X (blue)

**NOTE: This screening audiogram is plotted on ISO or ANSI reference levels.**

Pure tone average of the speech frequencies  
(500 - 1000 - 2000 Hz.)

Right \_\_\_\_\_ dB

Left \_\_\_\_\_ dB

Test environment (check one)  Satisfactory  Unsatisfactory

Responses (check one)  Reliable  Unreliable

Comments \_\_\_\_\_

## For referral purposes – CHECK AND SIGN WHERE APPROPRIATE

**Minimum criteria for referral (medical/educational)**

- 1. Any two speech frequencies (500 - 1000 - 2000 Hz.) in the same ear that fall on or below the solid green line, OR
  - 2. Any two consecutive frequencies ([250-500] [2000 - 4000] [4000 - 8000] Hz.) In the same ear that fall on or below the solid green line.
- Referred on \_\_\_\_\_  
(date)

Signature \_\_\_\_\_ Title \_\_\_\_\_