ILLINOIS DEPARTMENT OF PUBLIC HEALTH
in cooperation with

Date __________________________
Test Number ____________________

Name __________________________
(last)                     (first)                   (initial) (month) / (day) / (year)

Birth date ________________________ Sex ______ Grade____________

Parent/Guardian______________________________________________ Phone ( _______ )____________________
(last)                                          (first)

Address____________________________________________________________________________ County________________________
(number/street)                                      (city)                              (ZIP code)

Testing location __________________________________________ Testing agency ____________________________________________

![FREQUENCY IN HERTZ](image)

Tester ______________________________________________________
Audiometer and Serial number __________________________________

Audiogram Code
(Air Conduction)

Right ear – 0 (red) Left ear – X (blue)

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 __________________________________________________