

# The Systematic Failure of the USMC War on Noise

LT Jason Jones  
Naval Hospital Camp Pendleton  
Region 9A

# How to Speak Marine

1 MARDIV

USMC

USN

OFF

ENL

OFF

ENL

1,021

15,890

50

843

Headquarters  
Battalion

Infantry Regiment

1/1

2/1

3/1

1/4

Tank  
Battalion

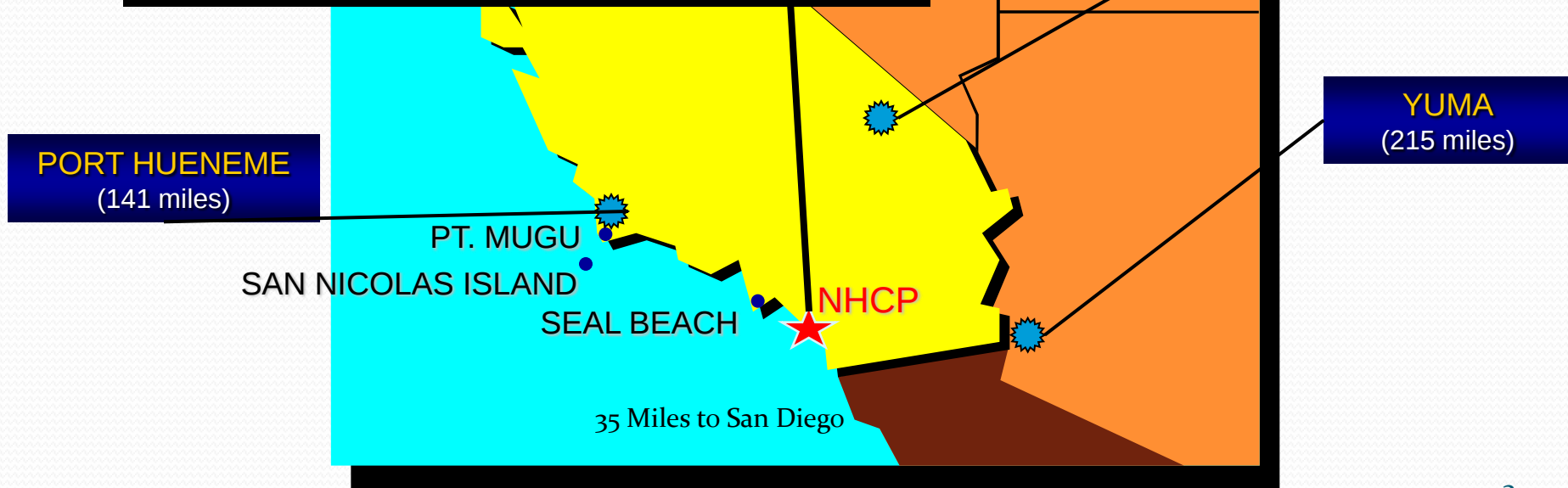
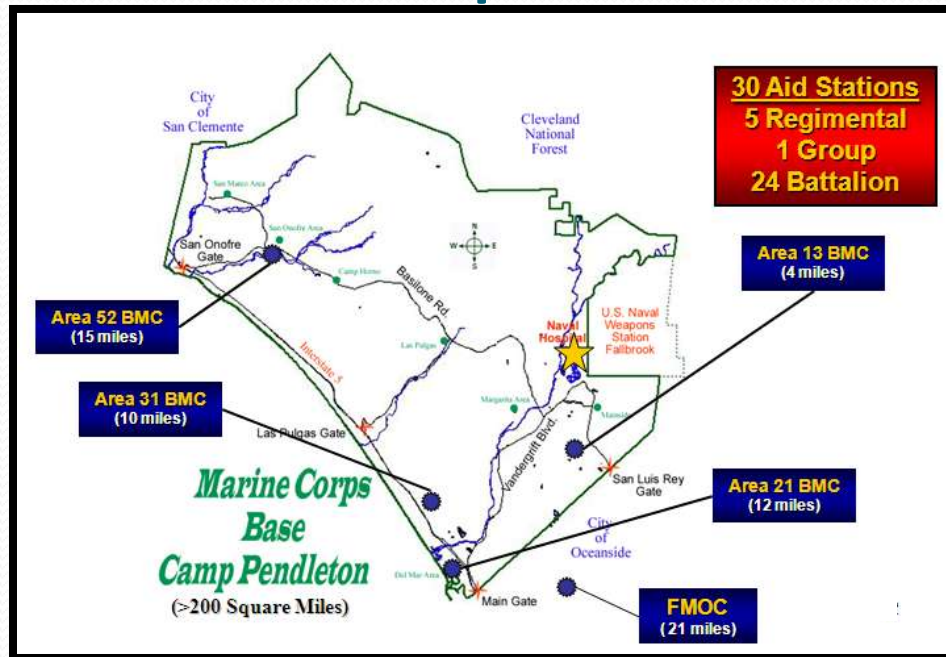
Assault  
Amphibian  
Battalion

Combat  
Engineer  
Battalion

Artillery  
Battalion

Light Armored  
Reconnaissance Battalion

# 200 Square Miles of Marine



# 1<sup>st</sup> Systems Failure: Audio Techs

- Corpsman Reports to 1/5  
Assigned to the 62 Area  
RAS as audio-tech/PMR
- Line Corpsman assigned  
to 1/5 can't deploy
- Audiotech goes to the 1/5  
line side to Afghan
- 82 techs certified in 2009

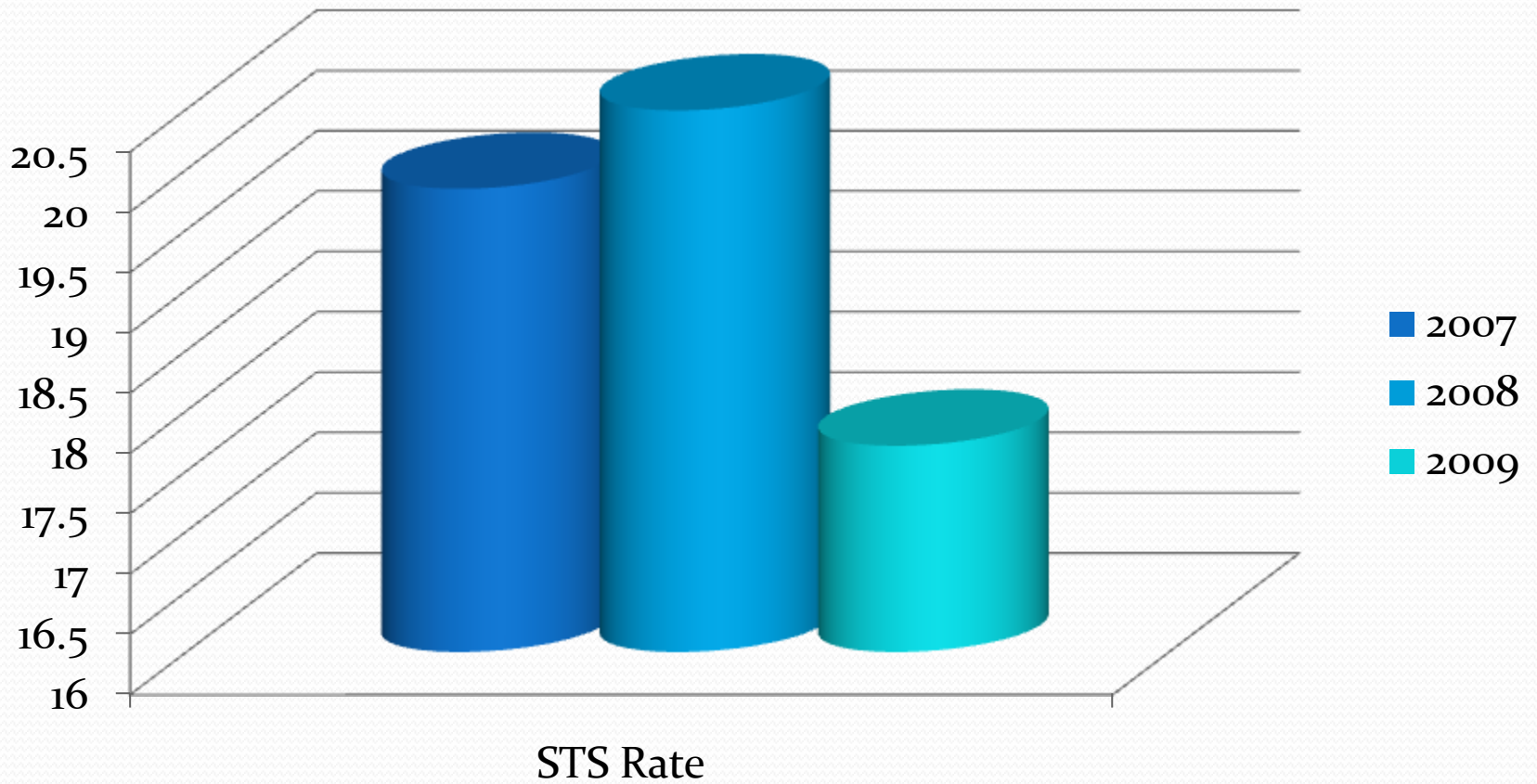


# 2<sup>nd</sup> Failure: Data Quality

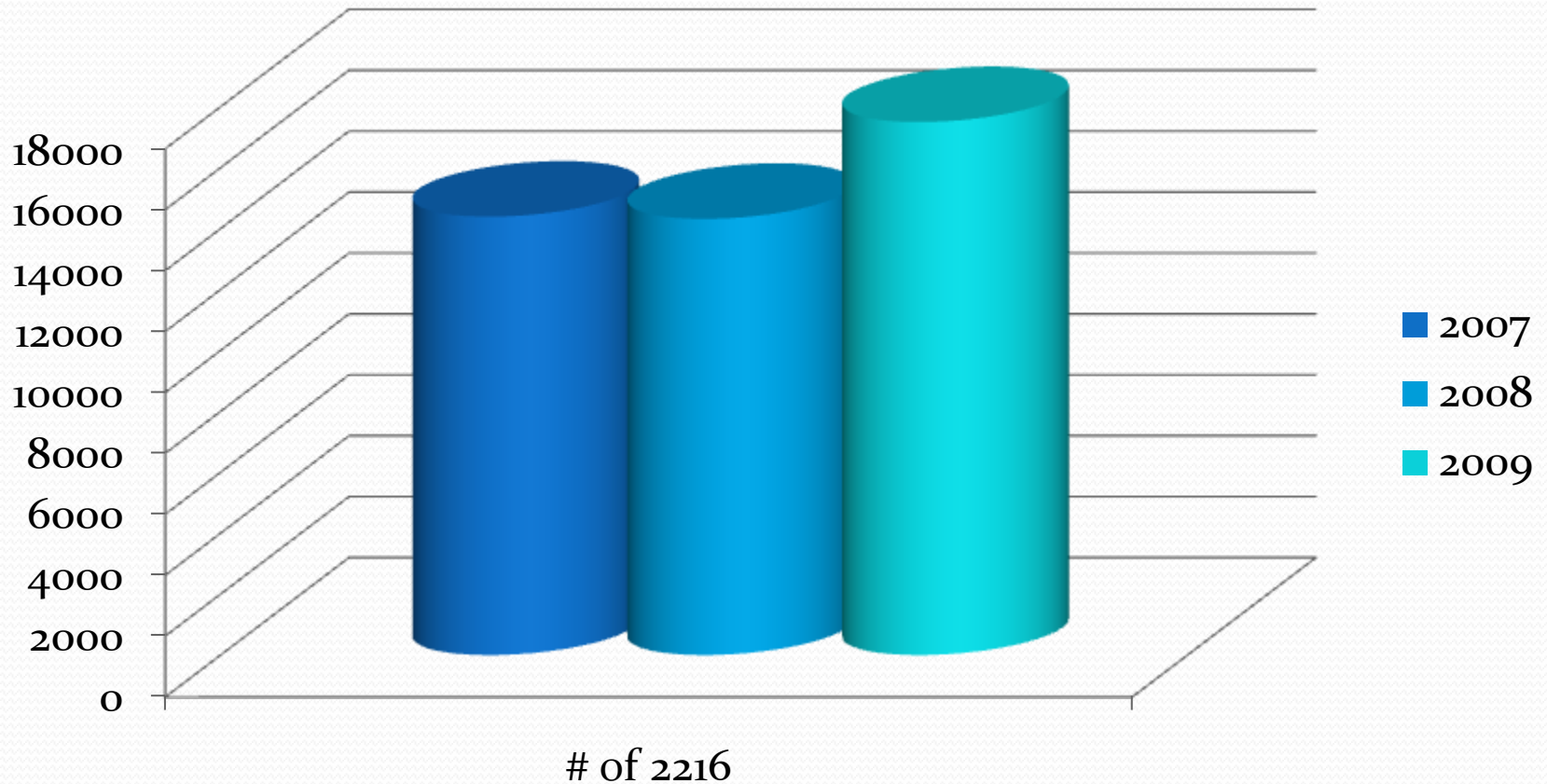
- E-4/Marine works for 1/11
- UIC: M11310
- 11<sup>th</sup> Marine Regiment: UIC M11300
- Artillery Batt. Charlie Co 1/11: M11315
- Artillery Batt. Echo Co 1/11: M11323
- Reporting Unit Code 1/11: 113401



# STS Rates



# Number of 2216 to reach the DR



# Jason Jones is the best we've got!

- 17 test locations, 11 TADs, 5 tech classes, standardized 270 boards, safety stand-downs, poured over 500 earmolds
- 17,000 audiograms done in 2009
- 17% STS

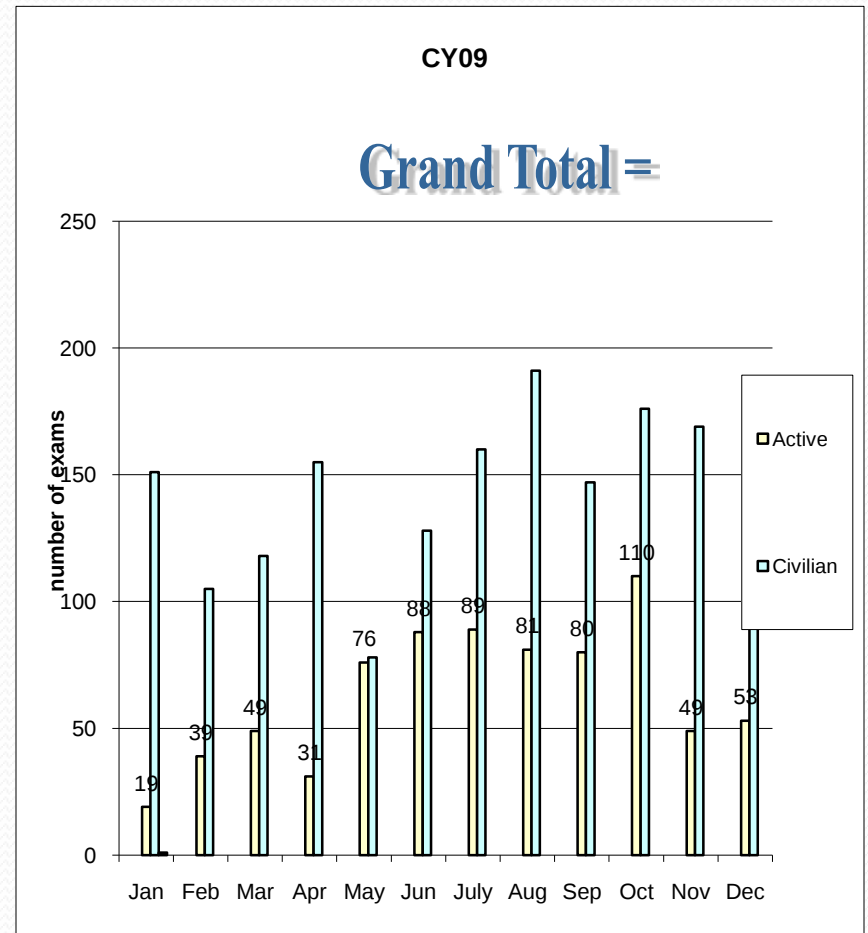


# Not Really

- There are 46,000 Active Marines on CP.
- We're seeing less than 1/3 of our population.
- No, I don't believe that all Marines should be on the HCP
- 17,000 Periodics in the DR

# In the Clinic, 2009

- 989 seen by the Active Duty Audiologist
- 1750 seen by the Civilian Audiologist
- 3733 patients seen in CY 2009
- One Month Study of 218 diagnostic audiograms.....how many were for physical exams and how many for HCP?



# Answer: NHCP Home of the Emergency Audiogram

- 206 for Physical Exams  
i.e. separation, MARSOC, recruiter, etc.
- 12 for HCP
- Out of those 12.....

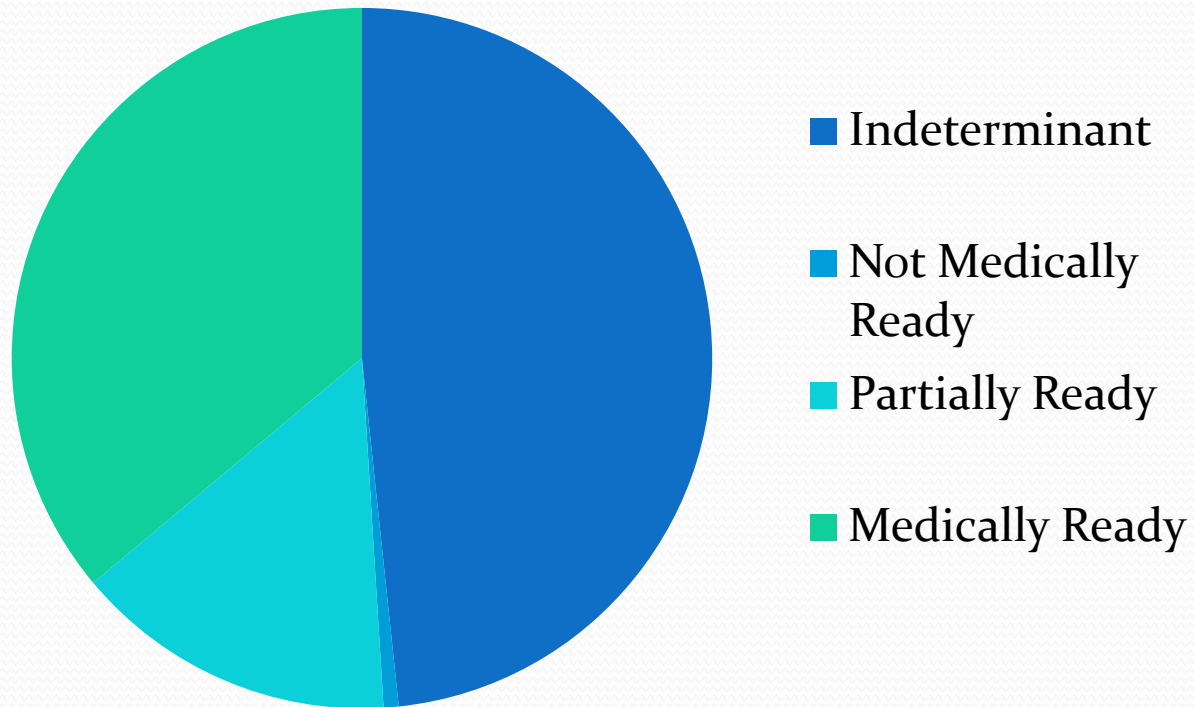


# System Failure #3: Commanding General Inspection Program

- Each unit goes through CGIP. Similar to ENSERVE, CART inspections.
- Looking at Training, Weapons Quals, Medical, Sexual Assault Program, Hazmat, etc.
- PBB



## MCI West Readiness 16 Feb 2010



## The Road Ahead

Grow the Force = 4 positions

Wounded Warrior = 8 positions

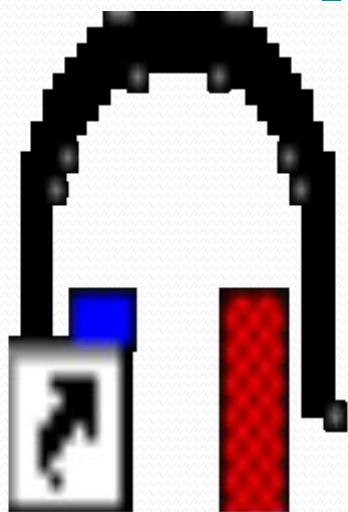
All BHCs are getting a full-time tech. Data quality, customer service, productivity will increase.

Lead Technician will handle the 30+ calls each week for....



# SQL Server Errors

The worst version of CCA-200 since the inception.



Cca-200.Ink

## Try This:

- Since we only push patches that are required by the Navy's IA policy by uninstalling/reinstalling the software you have effectively thrown our network out of compliance since that removed the patch. The next time we get scanned by NETWARCOM or DISA they will notice this and we could get a disconnect notice. In addition since the patch was pushed through one of the automated systems the next time the workstation checks in, probable tonight, it will get the patch reinstalled.
- 1. Disable the patch that is breaking the workstations temporarily. We will provide the KB number so I can disable it.
- 2. Research why the patch breaks the software and find a way the patch and software can coexist. For this step we need a test machine's name, the manufacturer's phone number and any support contract information
- 3. Redeploy the patch to all workstations so we are compliant again

6/1/09 to 7/28/09

Last Upload 7/14/09 by  
BEDOYAKI

| UIC      | # of records |
|----------|--------------|
| 00763    | 1            |
| 11100    | 1            |
| 1FG      | 1            |
| 290011C2 | 3            |
| 33120014 | 1            |
| 34022    | 2            |
| 38422    | 1            |
| 57081    | 1            |
| 65044    | 4            |
| M11001   | 84           |
| M11009   | 22           |
| M11100   | 1            |
| M11110   | 1            |
| M13210   | 1            |
| M13221   | 1            |
| M14180   | 17           |
| M21635   | 1            |
| M21670   | 1            |
| M21800   | 1            |

6/1/09 to 10/06/09

Last Upload 10/2/09 by  
BEDOYAKI

| UIC      | # of records |
|----------|--------------|
| 00763    | 1            |
| 11100    | 1            |
| 11303    | 2            |
| 12190    | 1            |
| 1FG      | 1            |
| 290011C2 | 3            |
| 33120014 | 1            |
| 34022    | 2            |
| 38422    | 1            |
| 57081    | 1            |
| 65044    | 4            |
| 67853    | 1            |
| 68470    | 1            |
| M11001   | 193          |
| M11008   | 2            |
| M11009   | 48           |
| M11014   | 2            |
| M11100   | 2            |
| M11110   | 1            |

# Promise as of Late

- Thursday:

“Sir, I got 100 Marines to test. My CO put out that nobody can start leave without their audios.”

“Hey, some IH dude just came here and ate our lunch, I need 800 Marines tested by next Friday.”



# Memorable Quotes

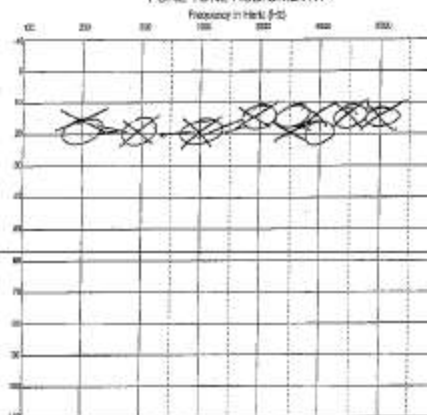
- “They guy from DAV said to just keep hitting the button and don’t let em tell you that you don’t have ringing”
- Pre-employment patient  
“Man, I remember you, thanks for that documentation, that extra 10% for the ringing help me land this gig”
- “You know there is something called TRT...” “Oh, it doesn’t bother me, the disability payment covers one of my car payments.”





# AUDIOLOGY EVALUATION

## PURE TONE AUDIOMETRY



☒ Headphones ☐ Insert phones ☐ Test reliability: ☒ Good ☐ Fair ☐ Poor

CAL: ☐ Fictive ☐ DBNE ☐ TEOAL

Frequency: \_\_\_\_\_

Response: \_\_\_\_\_

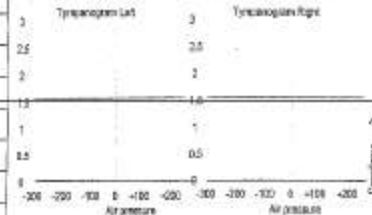
Signal: \_\_\_\_\_

Comments: \_\_\_\_\_

| Condition      | Left | Right |
|----------------|------|-------|
| Air Conduction | 20   | 20    |
| Insert Phonon  | 20   | 20    |
| Insert Phonon  | 20   | 20    |
| Insert Phonon  | 20   | 20    |
| Insert Phonon  | 20   | 20    |

## TYMPANOMETRY

|                             | Left | Right |
|-----------------------------|------|-------|
| Tympanogram Type            | A    | A     |
| Middle Ear Pressure (mm Hg) | -25  | -10   |
| Static Compliance (cc)      | 1.4  | 1.5   |
| EDC Volume                  | 1.3  | 1.1   |



Acoustic Reflex

| Condition   | Left | Right |
|-------------|------|-------|
| 500 Hz      | 100  | 90    |
| 1000 Hz     | 95   | 90    |
| 2000 Hz     | 95   | 90    |
| 4000 Hz     |      |       |
| AR Delay 1K | EC   |       |

## SPEECH AUDIOMETRY

|    | SRT<br>dB | Word | Mean Hearing Level |    |     |     | MCL | UCL |
|----|-----------|------|--------------------|----|-----|-----|-----|-----|
|    |           |      | S                  | HL | Max | Min |     |     |
| L  | 15        | 100  | 45                 |    |     |     |     |     |
| R  | 15        | 100  | 45                 |    |     |     |     |     |
| L  |           | 100  | 80                 | 50 |     |     |     |     |
| R  |           | 100  | 80                 | 50 |     |     |     |     |
| ST |           |      |                    |    |     |     |     |     |
| AG |           |      |                    |    |     |     |     |     |

Word Lists ☐ Rechecked ☐ VLV

Word List: ☐ Random ☐ MLV

## PATIENT IDENTIFICATION

Last, First, MI: [REDACTED]

SSN: [REDACTED]

Relationship: [REDACTED]

Status: AD, RET, RES, DEP, CIV

Branch: A, AF, AF, CG

Comments / UIC: \_\_\_\_\_

## Physician Name, Title, Institution, Address

M. ALICE PENDLETON, M.A., CCC-A, FAAA  
AUDILOGIST, HEARING CONSERVATION CLINIC  
NAVAL HOSPITAL, CAMP PENDLETON

## Indication (Date, Validity, and Use of Device)

BSI-B1 1911 AAC5

## Referral Date

28 AUGUST 09

## Remarks

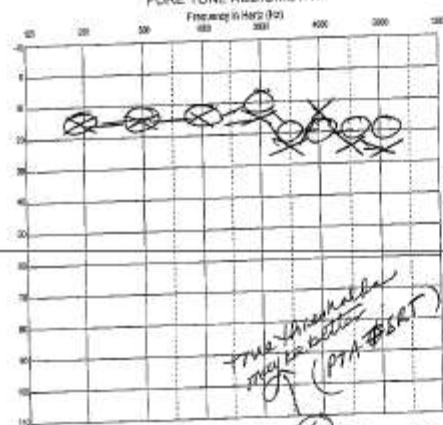
Date: 9-10-09

Examiner Signature: [REDACTED]

| HEARING CONSERVATION DATA<br>(This form is subject to the Privacy Act of 1974 - use Blanket PAF - DD Form 2005) |  |                          |  |                                       |  |                                                            |  |                                      |  | 1. ZIP CODE/AFPOFF/PAS<br>47580      |  |
|-----------------------------------------------------------------------------------------------------------------|--|--------------------------|--|---------------------------------------|--|------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------|--|
| 2. DOD COMPONENT<br>M                                                                                           |  | A. ARMY<br>N. NAVY       |  | F. AIR FORCE<br>N. MARINE CORPS       |  | E. COAST GUARD<br>I. OTHER                                 |  | 3. SERVICE COMPONENT<br>R            |  | 9. RESERVE<br>V. RESERVE             |  |
| 4. SOCIAL SECURITY NUMBER                                                                                       |  |                          |  | 5. NAME (Last, First, Middle Initial) |  |                                                            |  | 6. DATE OF BIRTH                     |  | 7. SEX                               |  |
|                                                                                                                 |  |                          |  |                                       |  |                                                            |  | 19 May 1980                          |  | M - MALE<br>F - FEMALE               |  |
| 8. PAY GRADE<br>UNIFORMED SERVICES                                                                              |  | G. PAY GRADE<br>CIVILIAN |  | 10. OCCUPATION CODE<br>0341           |  | 11. DUTY ADDRESS OF ASSIGNMENT<br>CO A, B, C, D, E, HAS CO |  | M11700                               |  | 12. DUTY TELEPHONE<br>(901) 485-1853 |  |
| 13. LOCATION - PLACE OF WORK<br>1ST LAR                                                                         |  |                          |  | 14. MAJOR COMMAND<br>BWARDIV          |  |                                                            |  | 15. DUTY TELEPHONE<br>(901) 485-1853 |  |                                      |  |
| 16. AUDIOMETRY                                                                                                  |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 17. AUDIOMETRY DATA                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 18. CURRENT AUDIOGRAM                                                                                           |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 19. REFERENCE AUDIOGRAM                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 20. EQUIPMENT THRESHOLD                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 21. REMARKS (Please Print Name and Title)                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 22. TYPE OF PERSONAL HEARING PROTECTION USED                                                                    |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 23. EXAMINER NAME (Last, First, Middle Initial)                                                                 |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 24. TRAINING CERTIFICATE NO.                                                                                    |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 25. SERVICE DUTY OCCUPATION CODE                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 26. OFFICE SYMBOL                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 27. AUDIOMETRY TYPE                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 28. MODEL                                                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 29. MANUFACTURER                                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 30. SERIAL NUMBER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 31. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 32. FOLLOW-UP NO.                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 33. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 34. AUDIOMETRY DATA                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 35. CURRENT AUDIOGRAM                                                                                           |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 36. REFERENCE AUDIOGRAM                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 37. EQUIPMENT THRESHOLD                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 40. SERVICE DUTY OCCUPATION CODE                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 41. OFFICE SYMBOL                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 42. AUDIOMETRY TYPE                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 43. MODEL                                                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 44. MANUFACTURER                                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 45. SERIAL NUMBER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 47. FOLLOW-UP NO.                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 49. AUDIOMETRY DATA                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 50. CURRENT AUDIOGRAM                                                                                           |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 51. REFERENCE AUDIOGRAM                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 52. EQUIPMENT THRESHOLD                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 57. AUDIOMETRY TYPE                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 58. MODEL                                                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 59. MANUFACTURER                                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 60. SERIAL NUMBER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 65. CURRENT AUDIOGRAM                                                                                           |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 66. REFERENCE AUDIOGRAM                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 73. MODEL                                                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 74. MANUFACTURER                                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 75. SERIAL NUMBER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 79. AUDIOMETRY DATA                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 80. CURRENT AUDIOGRAM                                                                                           |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 81. REFERENCE AUDIOGRAM                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 82. EQUIPMENT THRESHOLD                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 85. SERVICE DUTY OCCUPATION CODE                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
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| 87. AUDIOMETRY TYPE                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 88. MODEL                                                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 89. MANUFACTURER                                                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 90. SERIAL NUMBER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 91. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                       |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 92. FOLLOW-UP NO.                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 93. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 94. AUDIOMETRY DATA                                                                                             |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 95. CURRENT AUDIOGRAM                                                                                           |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 96. REFERENCE AUDIOGRAM                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 97. EQUIPMENT THRESHOLD                                                                                         |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 98. EXAMINER NAME (Last, First, Middle Initial)                                                                 |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 99. TRAINING CERTIFICATE NO.                                                                                    |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 100. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 101. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 102. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 103. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 104. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 105. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 106. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 107. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 108. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 109. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 110. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 111. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 112. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 113. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 114. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 115. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 116. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 117. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 118. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 119. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 120. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 121. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 122. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 123. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 124. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 125. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 126. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 127. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 128. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 129. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 130. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 131. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 132. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 133. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 134. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 135. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 136. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 137. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 138. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 139. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 140. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 141. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 142. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 143. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 144. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 145. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 146. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 147. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 148. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 149. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 150. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 151. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 152. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 153. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 154. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 155. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 156. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 157. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 158. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 159. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 160. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 161. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 162. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 163. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 164. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 165. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 166. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 167. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 168. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 169. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 170. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 171. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 172. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 173. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 174. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 175. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 176. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 177. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 178. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 179. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 180. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 181. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 182. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 183. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 184. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 185. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 186. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 187. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 188. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 189. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 190. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 191. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 192. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 193. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 194. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 195. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 196. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 197. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 198. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 199. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 200. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 201. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 202. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 203. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 204. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 205. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 206. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 207. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 208. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 209. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 210. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 211. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 212. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 213. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 214. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 215. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 216. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 217. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 218. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 219. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 220. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 221. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 222. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 223. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 224. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 225. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 226. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 227. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 228. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 229. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 230. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 231. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 232. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 233. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 234. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 235. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 236. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 237. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 238. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 239. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 240. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 241. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 242. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 243. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 244. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 245. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 246. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 247. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 248. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 249. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 250. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 251. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 252. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 253. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 254. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 255. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 256. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 257. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 258. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 259. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 260. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 261. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 262. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 263. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 264. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 265. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 266. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 267. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 268. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 269. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 270. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 271. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 272. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 273. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 274. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 275. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 276. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 277. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 278. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 279. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 280. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 281. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 282. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 283. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 284. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 285. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 286. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 287. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 288. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 289. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 290. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 291. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 292. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 293. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 294. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 295. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 296. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 297. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 298. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 299. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 300. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 301. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 302. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 303. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 304. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 305. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 306. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 307. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 308. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 309. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 310. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 311. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 312. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 313. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 314. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 315. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 316. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 317. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 318. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 319. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 320. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 321. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 322. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 323. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 324. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 325. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 326. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 327. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 328. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 329. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 330. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 331. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 332. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 333. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 334. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 335. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 336. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 337. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 338. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 339. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 340. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 341. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 342. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 343. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 344. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 345. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 346. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 347. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 348. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 349. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 350. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 351. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 352. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 353. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 354. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 355. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 356. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 357. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 358. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 359. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 360. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 361. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 362. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 363. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 364. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 365. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 366. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 367. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 368. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 369. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 370. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 371. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 372. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 373. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 374. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 375. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 376. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 377. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 378. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 379. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 380. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 381. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 382. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 383. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 384. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 385. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 386. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 387. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 388. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 389. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 390. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 391. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 392. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 393. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 394. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 395. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 396. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 397. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 398. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 399. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 400. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 401. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 402. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 403. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 404. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 405. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 406. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 407. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 408. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 409. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 410. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 411. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 412. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 413. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 414. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 415. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 416. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 417. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 418. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 419. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 420. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 421. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 422. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 423. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 424. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 425. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 426. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 427. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 428. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 429. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 430. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 431. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 432. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 433. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 434. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 435. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 436. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 437. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 438. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 439. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 440. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 441. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 442. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 443. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 444. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 445. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 446. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 447. AUDIOMETRY TYPE                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 448. MODEL                                                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 449. MANUFACTURER                                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 450. SERIAL NUMBER                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 451. LAST ELECTROACOUSTIC CALIBRATION DATE                                                                      |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 452. FOLLOW-UP NO.                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 453. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 454. AUDIOMETRY DATA                                                                                            |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 455. CURRENT AUDIOGRAM                                                                                          |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 456. REFERENCE AUDIOGRAM                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 457. EQUIPMENT THRESHOLD                                                                                        |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 458. EXAMINER NAME (Last, First, Middle Initial)                                                                |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 459. TRAINING CERTIFICATE NO.                                                                                   |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 460. SERVICE DUTY OCCUPATION CODE                                                                               |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |
| 461. OFFICE SYMBOL                                                                                              |  |                          |  |                                       |  |                                                            |  |                                      |  |                                      |  |

# AUDIOLOGY EVALUATION

## PURE TONE AUDIOMETRY



☐ Headphones ☐ Insert phones ☐ Test reliability ☐ Good ☒ Fair ☐ Poor ☐ Legend

☐ OAE Results ☐ EPSC ☐ EDC

Frequency  
 Response  
 Significance  
 Comments

## SPEECH AUDIOMETRY

|     | SRT | ST | Word | Word Recognition |    |     |    | UCL | MCL |
|-----|-----|----|------|------------------|----|-----|----|-----|-----|
|     |     |    |      | %                | H  | Med | SD |     |     |
| L   | 10  |    |      | 100              | 45 |     |    |     |     |
| R   | 5   |    |      | 100              | 45 |     |    |     |     |
| L   |     |    |      | 100              | 80 | 50  |    |     |     |
| R   |     |    |      | 100              | 80 | 50  |    |     |     |
| ST  |     |    |      |                  |    |     |    |     |     |
| AVG |     |    |      |                  |    |     |    |     |     |

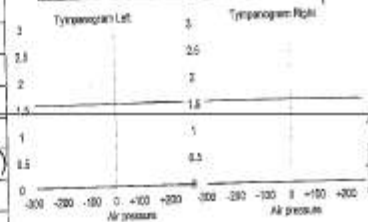
Word List: NU-6 ☐ Recorded ☐ MLV

## PATIENT IDENTIFICATION

Last, First, MI: TUCKER, TIMOTHY  
 SSN: 591-50-0204  
 Rank/Rate: E-4  
 Status: AD, RET., RES., DEF., OV  
 Branch: N., A., AF., CB  
 Component: NUC

## TYMPANOMETRY

|                                      | LEFT       | RIGHT      |
|--------------------------------------|------------|------------|
| Tympanogram Type                     | <u>A</u>   | <u>A</u>   |
| Middle Ear Pressure (mm H2O)         | <u>20</u>  | <u>40</u>  |
| Static Compliance (cm <sup>3</sup> ) | <u>1.2</u> | <u>1.9</u> |
| EAC Volume                           | <u>1.5</u> | <u>1.4</u> |



| Stimulus Frequency | Acoustic Reflex |                        |
|--------------------|-----------------|------------------------|
|                    | Contralateral   | Ipsilateral (same ear) |
| 500 Hz             | <u>95</u>       | <u>90</u>              |
| 1000 Hz            | <u>95</u>       | <u>90</u>              |
| 2000 Hz            | <u>95</u>       | <u>90</u>              |
| 4000 Hz            |                 |                        |
| AR Decay 1K        | <u>E</u>        | <u>E</u>               |

500-1000 Hz right ear      2000-4000 Hz left ear

Transfer from 750 Hz Calibration 35dB

M. ALICE PENDLETON, M.A. CCC-A, FAAA  
 AUDIOLOGIST, HEARING CONSERVATION CLINIC  
 NAVAL HOSPITAL CAMP PENDLETON

Authorize Name, Initial and Serial Number

GS1-61 1511 AA05

Collection Date

28AUGUST09

Patient

Date: 9-11-09

Examiner Signature: M. Alice Pendleton

| HEARING CONSERVATION DATA                                                          |  |                                                                                                                         |  |                                                |  |                                                                        |  |                               |  | 1. ZIP CODE/AFSC/PD/PAS<br>68054                               |  |
|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|------------------------------------------------------------------------|--|-------------------------------|--|----------------------------------------------------------------|--|
| (This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2205) |  |                                                                                                                         |  |                                                |  |                                                                        |  |                               |  |                                                                |  |
| 3. DD FORM COMPONENT                                                               |  | A. ARMY<br>H. NAVY                                                                                                      |  | F. AIR FORCE<br>M. MARINE CORPS                |  | G. SPACE FORCE<br>I. OTHER                                             |  | 3. SERVICE COMPONENT          |  | R. REGULAR<br>S. RESERVE                                       |  |
| 4. SOCIAL SECURITY NUMBER                                                          |  | E. NAME (Last, First, Middle Initial)                                                                                   |  |                                                |  |                                                                        |  | 8. DATE OF BIRTH              |  | Y. SEX<br>M. MALE<br>F. FEMALE                                 |  |
| 5. PAY GRADE<br>E04                                                                |  | 9. PAY GRADE<br>E04                                                                                                     |  | 10. SERVICE DUTY<br>OCCUPATION CODE<br>1341    |  | 11. MAILING ADDRESS OF ASSIGNMENT<br>LAS PULGAS J43 AREA<br>BLDG 43643 |  | M28321                        |  | 1ST MAINTENANCE BN (PJ)                                        |  |
| 12. LOCATION - PLACE OF WORK<br>RMC                                                |  | 13. MAJOR COMMAND<br>IFSSG                                                                                              |  | 14. DUTY TELEPHONE<br>(561) 655-0735           |  |                                                                        |  |                               |  | (Include area code)                                            |  |
| 15. AUDIOMETRY                                                                     |  | 2. PURPOSE                                                                                                              |  | 1- 00 DAY                                      |  | 2- ANNUAL                                                              |  | 3- TERMINATION                |  | 4- OTHER                                                       |  |
| ALDIOMETRY DATA<br>RE: ANSSES                                                      |  | 200                                                                                                                     |  | 3000                                           |  | 4000                                                                   |  | 5000                          |  | 6000                                                           |  |
| a. CURRENT AUDIOMETER<br>DATE 12 Aug 2009                                          |  | 75                                                                                                                      |  | 65                                             |  | 70                                                                     |  | 80                            |  | 85                                                             |  |
| b. REFERENCE AUDIOMETER<br>DATE 06 Dec 2005                                        |  | 10                                                                                                                      |  | 0                                              |  | 10                                                                     |  | 20                            |  | 25                                                             |  |
| c. THRESHOLD THRESHOLD<br>LEFT                                                     |  | 50                                                                                                                      |  | 65                                             |  | 60                                                                     |  | 65                            |  | 45                                                             |  |
| 1. NO<br>2. YES                                                                    |  | 50                                                                                                                      |  | 65                                             |  | 60                                                                     |  | 65                            |  | 45                                                             |  |
| 7. REMARKS (Include Expressions)                                                   |  | Steady Noise Exp(TWA 85dB) Not Entered, Impulse Noise Exp(IMP) Not Entered, H-1, Early warning to a decrease in hearing |  | Health Ed Prov. SEE 0200 THIS DATE             |  |                                                                        |  |                               |  |                                                                |  |
| 8. TYPE OF PERSONAL HEARING PROTECTION USED                                        |  | 7                                                                                                                       |  | 1- SINGLE PLUGS (M/F)                          |  | 2- TRIPLE PLUGS                                                        |  | 3- EAR CANAL CAPS             |  | 4- OTHER                                                       |  |
| 9. TYPE OF PERSONAL HEARING PROTECTION USED                                        |  | 7                                                                                                                       |  | 1- SINGLE PLUGS (M/F)                          |  | 2- TRIPLE PLUGS                                                        |  | 3- EAR CANAL CAPS             |  | 4- OTHER                                                       |  |
| 10. EXAMINER NAME (Last, First, Middle Initial)                                    |  | MULLAN, JORDAN M                                                                                                        |  | 11. SERVICE DUTY<br>OCCUPATION CODE<br>C91702N |  | 12. SERVICE DUTY<br>OCCUPATION CODE<br>H88404                          |  | 13. OFFICE SYMBOL<br>CE 1 NEF |  |                                                                |  |
| 14. AUDIOMETER TYPE                                                                |  | 1. MANUAL<br>2. SELF-RECORDING<br>3. MICROPROCESSOR                                                                     |  | m. MODEL<br>CCA-300m                           |  | n. MANUFACTURER<br>MAICO Inc.                                          |  | o. SERIAL NUMBER<br>61251     |  | p. LAST ELECTRONIC/ACoustic<br>CALIBRATION DATE<br>04 Aug 2009 |  |
| 15. FOLLOW-UP NO. 1                                                                |  | 16. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                                 |  |                                                |  |                                                                        |  |                               |  |                                                                |  |
| ALDIOMETRY DATA<br>RE: ANSSES                                                      |  | 500                                                                                                                     |  | 1000                                           |  | 2000                                                                   |  | 3000                          |  | 4000                                                           |  |
| a. CURRENT AUDIOMETER<br>DATE 12 Aug 2009                                          |  | 80                                                                                                                      |  | 50                                             |  | 50                                                                     |  | 55                            |  | 60                                                             |  |
| b. REFERENCE AUDIOMETER<br>DATE 06 Dec 2005                                        |  | 10                                                                                                                      |  | 0                                              |  | 10                                                                     |  | 20                            |  | 25                                                             |  |
| c. THRESHOLD THRESHOLD<br>LEFT                                                     |  | 50                                                                                                                      |  | 50                                             |  | 45                                                                     |  | 80                            |  | 45                                                             |  |
| 1. NO<br>2. YES                                                                    |  | 50                                                                                                                      |  | 50                                             |  | 45                                                                     |  | 80                            |  | 45                                                             |  |
| 17. EXAMINER NAME (Last, First, Middle Initial)                                    |  | MASHORE, JOSEPH N                                                                                                       |  | 18. SERVICE DUTY<br>OCCUPATION CODE<br>H88404  |  | 19. SERVICE DUTY<br>OCCUPATION CODE<br>H88404                          |  | 20. OFFICE SYMBOL<br>HC       |  |                                                                |  |
| 21. AUDIOMETER TYPE                                                                |  | 1. MANUAL<br>2. SELF-RECORDING<br>3. MICROPROCESSOR                                                                     |  | l. MODEL<br>CCA-200m                           |  | m. MANUFACTURER<br>MAICO Inc.                                          |  | n. SERIAL NUMBER<br>61249     |  | o. LAST ELECTRONIC/ACoustic<br>CALIBRATION DATE<br>04 Aug 2009 |  |
| 22. FOLLOW-UP NO. 2                                                                |  | 23. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM                                                                 |  |                                                |  |                                                                        |  |                               |  |                                                                |  |
| ALDIOMETRY DATA<br>RE: ANSSES                                                      |  | 500                                                                                                                     |  | 1000                                           |  | 2000                                                                   |  | 3000                          |  | 4000                                                           |  |
| a. CURRENT AUDIOMETER<br>DATE 23 Sep 2009                                          |  | 15M                                                                                                                     |  | 15M                                            |  | 5M                                                                     |  | 15M                           |  | 15M                                                            |  |
| b. REFERENCE AUDIOMETER<br>DATE 06 Dec 2005                                        |  | 10                                                                                                                      |  | 0                                              |  | 10                                                                     |  | 20                            |  | 25                                                             |  |
| c. THRESHOLD THRESHOLD<br>LEFT                                                     |  | 15                                                                                                                      |  | 5                                              |  | 5                                                                      |  | 10                            |  | 10                                                             |  |
| 1. NO<br>2. YES                                                                    |  | 15                                                                                                                      |  | 5                                              |  | 5                                                                      |  | 10                            |  | 10                                                             |  |
| 24. EXAMINER NAME (Last, First, Middle Initial)                                    |  | PENDLETON, ALICE                                                                                                        |  | 25. SERVICE DUTY<br>OCCUPATION CODE<br>08044N  |  | 26. SERVICE DUTY<br>OCCUPATION CODE<br>0566                            |  | 27. OFFICE SYMBOL<br>88094    |  |                                                                |  |
| 28. AUDIOMETER TYPE                                                                |  | 1. MANUAL<br>2. SELF-RECORDING<br>3. MICROPROCESSOR                                                                     |  | l. MODEL<br>CCA-200                            |  | m. MANUFACTURER<br>MAICO Inc.                                          |  | n. SERIAL NUMBER<br>1911 aa05 |  | o. LAST ELECTRONIC/ACoustic<br>CALIBRATION DATE<br>05 Aug 2009 |  |

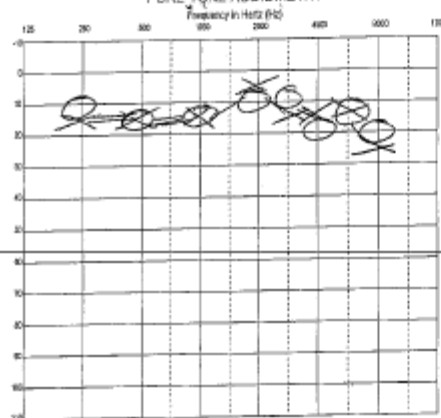
DD FORM 2216E, MAY 96

Approved for Release by NSA on 09-11-2013 pursuant to E.O. 13526

For Official Use Only

# AUDIOLOGY EVALUATION

## PURE TONE AUDIOMETRY



☐ Headphones ☐ Insert phones Test reliability: ☐ Good ☐ Fair ☐ Poor

OAE Results:

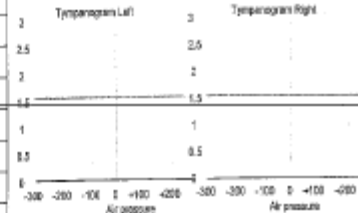
☐ DPOAE ☐ TEOAE

|              |  |
|--------------|--|
| Frequency    |  |
| Response     |  |
| Significance |  |
| Comments     |  |

|               | Left | Right |
|---------------|------|-------|
| All Unmasked  | X    | X     |
| All Masked    | X    | X     |
| Free Unmasked | X    | X     |
| Free Masked   | X    | X     |
| Free Field    | X    | X     |

## TYMPANOMETRY

|                             | Left | Right |
|-----------------------------|------|-------|
| Tympanogram Type            | A    | A     |
| Middle Ear Pressure (mm Hg) | 40   | 5     |
| Static Compliance (ml)      | 1.6  | 1.7   |
| EAR Volume                  | 1.9  | 1.6   |



Acoustic Reflexes  
Contralateral (Left/Right) Unilateral

| Stimulus Frequency | Left | Right | Left | Right |
|--------------------|------|-------|------|-------|
| 500 Hz             | 90   | 90    | 95   | 90    |
| 1000 Hz            | 90   | 90    | 90   | 90    |
| 2000 Hz            | 90   | 95    | 90   | 90    |
| 4000 Hz            |      |       |      |       |
| AR Decay 1K        | E    | E     |      |       |

SLH - Stimulus right ear SLH - Stimulus left ear

## SPEECH AUDIOMETRY

|     | SPR | WRT | Mon | %   | LS | Mean | SA | ACL | UCL |
|-----|-----|-----|-----|-----|----|------|----|-----|-----|
| L   | 12  |     |     | 100 | 30 |      |    |     |     |
| R   | 12  |     |     | 100 | 30 |      |    |     |     |
| L   |     |     |     |     |    |      |    |     |     |
| R   |     |     |     |     |    |      |    |     |     |
| SP  |     |     |     |     |    |      |    |     |     |
| Acc |     |     |     |     |    |      |    |     |     |

Word List: ☐ Recorded ☐ MLV

## PATIENT IDENTIFICATION

Last First MI: [Redacted]  
SSN: [Redacted]  
Rank/Rate: CPL  
Service: AC, RET, RES, DEP, CIV  
Branch: H, E, A, AF, CG  
Command/UMC: 7M28321

## Provider/Referral Information

M. ALICE PENDLETON, M.A. CCC-A, FAAA  
AUDIOLOGIST, HEARING CONSERVATION CLINIC  
NAVAL HOSPITAL CAMP PENDLETON

## Autoreader Name, Model and Serial Number

GS-61 1911 AA05

## Referral Date

28AUGUST09

## Remarks

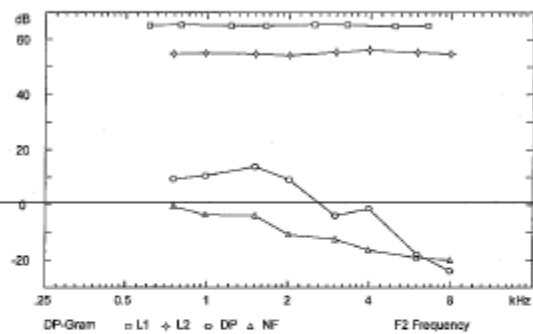
Date: 9-23-09

Examiner Signature: [Signature]

| HEARING CONSERVATION DATA                                                           |  |  |  |  |                                                               |  |  |  |  | 3. ZIP CODE/PAFF/PAPAF                 |  |
|-------------------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------|--|--|--|--|----------------------------------------|--|
| (This form is subject to the Privacy Act of 1974 - see Standard PAS - DD Form 2216) |  |  |  |  |                                                               |  |  |  |  | 35949                                  |  |
| 2. DOD COMPONENT                                                                    |  |  |  |  | 3. SERVICE COMPONENT                                          |  |  |  |  |                                        |  |
| M                                                                                   |  |  |  |  | R                                                             |  |  |  |  |                                        |  |
| A - Army<br>N - Navy<br>P - Air Force<br>M - Marine Corps<br>1 - Other              |  |  |  |  | R - REGULAR<br>V - RESERVE<br>G - NATIONAL GUARD<br>1 - OTHER |  |  |  |  |                                        |  |
| 4. SOCIAL SECURITY NUMBER                                                           |  |  |  |  | 5. NAME (Last, First, Middle Initial)                         |  |  |  |  | 6. DATE OF BIRTH                       |  |
| [REDACTED]                                                                          |  |  |  |  | [REDACTED]                                                    |  |  |  |  | 04-MAY-1969                            |  |
| 7. PAY GRADE                                                                        |  |  |  |  | 8. PAY GRADE                                                  |  |  |  |  | 9. MAILING ADDRESS OF ASSIGNMENT       |  |
| UNIFORM SERVICE                                                                     |  |  |  |  | CIVILIAN                                                      |  |  |  |  | 107 TSP 1ST MILO (AVO)<br>CA 92055     |  |
| 11. LOCATION - PLACE OF WORK                                                        |  |  |  |  | 12. MAJOR COMMAND                                             |  |  |  |  | 13. DUTY TELEPHONE (include area code) |  |
| BCS                                                                                 |  |  |  |  | 3531                                                          |  |  |  |  | (760) 725-6821                         |  |
| 14. AUDIOMETRY                                                                      |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 15. PURPOSE 1 - 60 DAY 2 - ANNUAL 3 - TERMINATION 4 - OTHER                         |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 16. AUDIOMETRIC DATA                                                                |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 17. CURRENT AUDIOMETRIC DATA                                                        |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 18. REFERENCE AUDIOMETRIC DATA                                                      |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 19. SIGNIFICANT THRESHOLD SHIFT (STS)                                               |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 20. EXAMINER NAME (Last, First, Middle Initial)                                     |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 21. TRAINING CERTIFICATE NO.                                                        |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 22. SERVICE DUTY OCCUPATION CODE                                                    |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 23. OFFICE SYMBOL                                                                   |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 24. FOLLOW UP NO. 1                                                                 |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 25. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOMETRIC DATA                      |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 26. FOLLOW UP NO. 2                                                                 |  |  |  |  |                                                               |  |  |  |  |                                        |  |
| 27. MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOMETRIC DATA                      |  |  |  |  |                                                               |  |  |  |  |                                        |  |

Patient: [REDACTED]  
 Birthdate: [REDACTED]  
 ID: [REDACTED]  
 Comment:

Ear: Right



Right: 02-Nov-09: - 750-8000 Hz Diagnostic Test: 09K02D01.OAE

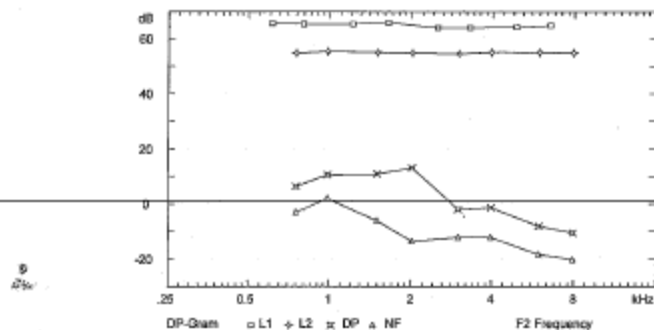
| L1(dB) | L2(dB) | F1(Hz) | F2(Hz) | GM(Hz) | DP(dB) | NF(dB) | DP-NF(dB) |
|--------|--------|--------|--------|--------|--------|--------|-----------|
| 65.0   | 54.8   | 6516   | 7969   | 7206   | -23.9  | -20.2  | -3.7      |
| 64.8   | 55.5   | 4922   | 6000   | 5434   | -18.0  | -19.3  | 1.3       |
| 65.3   | 56.1   | 3281   | 3984   | 3616   | -1.5   | -16.6  | 15.1      |
| 65.5   | 55.5   | 2484   | 3000   | 2730   | -3.9   | -12.7  | 8.8       |
| 65.1   | 54.2   | 1641   | 2016   | 1818   | 9.0    | -10.9  | 19.9      |
| 65.1   | 54.8   | 1219   | 1500   | 1352   | 13.9   | -3.9   | 17.8      |
| 65.3   | 55.0   | 797    | 984    | 886    | 10.6   | -3.8   | 14.4      |
| 65.2   | 54.8   | 609    | 750    | 676    | 9.4    | -0.5   | 9.9       |

| HEARING CONSERVATION DATA                                                                                                                                                                                                                                   |  |                                       |  |                             |  |                                   |  |                        |  | 1. DDC CODE/POFF/POFAS |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------|--|-----------------------------------|--|------------------------|--|------------------------|--|
| (This form is subject to the Privacy Act of 1974 - see Blanket PAS - DD Form 2006)                                                                                                                                                                          |  |                                       |  |                             |  |                                   |  |                        |  | 58054                  |  |
| 3. DDC COMPONENT                                                                                                                                                                                                                                            |  | A. ARMY                               |  | F. AIR FORCE                |  | C. COAST GUARD                    |  | X. SERVICE COMPONENT   |  | R. RESERVE             |  |
| M                                                                                                                                                                                                                                                           |  | N. NAVY                               |  | 30. SERVICE CODES           |  | 1. OTHER                          |  | R                      |  | G. NATIONAL GUARD      |  |
| 4. COMMAND NAME                                                                                                                                                                                                                                             |  | 5. NAME (Last, First, Middle Initial) |  | 6. DATE OF BIRTH            |  | 7. SEX                            |  |                        |  | M. MALE                |  |
| [REDACTED]                                                                                                                                                                                                                                                  |  | [REDACTED]                            |  | 10 Dec 1983                 |  | M                                 |  |                        |  | F. FEMALE              |  |
| 8. PAY GRADE                                                                                                                                                                                                                                                |  | 9. PAY GRADE                          |  | 10. SERVICE DUTY            |  | 11. MAILING ADDRESS OF ASSIGNMENT |  | M28301                 |  | CLR-17                 |  |
| E04                                                                                                                                                                                                                                                         |  | C0404                                 |  | D021                        |  |                                   |  |                        |  |                        |  |
| 12. LOCATION - PLACE OF WORK                                                                                                                                                                                                                                |  |                                       |  | 13. MAJOR COMMAND           |  |                                   |  | 14. DUTY TELEPHONE     |  |                        |  |
| CLR 17                                                                                                                                                                                                                                                      |  |                                       |  | CMC                         |  |                                   |  | ( )                    |  |                        |  |
| 15. AUDIOMETRY                                                                                                                                                                                                                                              |  | 6. PURPOSE                            |  | 1. BEHAV                    |  | 2. ANNUAL                         |  | 3. TERMINATION         |  | 4. OTHER               |  |
| AUTOMETRIC DATA                                                                                                                                                                                                                                             |  | LEFT                                  |  | RIGHT                       |  |                                   |  |                        |  |                        |  |
| 5. CURRENT AUDIOGRAM                                                                                                                                                                                                                                        |  | 35                                    |  | 35                          |  | 20                                |  | 45                     |  | 40                     |  |
| DATE 02 Nov 2008                                                                                                                                                                                                                                            |  | 35                                    |  | 35                          |  | 20                                |  | 45                     |  | 40                     |  |
| 6. REFERENCE AUDIOGRAM                                                                                                                                                                                                                                      |  | 20                                    |  | 15                          |  | 10                                |  | 20                     |  | 25                     |  |
| DATE 10 Dec 2006                                                                                                                                                                                                                                            |  | 20                                    |  | 15                          |  | 10                                |  | 20                     |  | 25                     |  |
| 7. SOUND POWER THRESHOLD                                                                                                                                                                                                                                    |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| SHIFT (YES)                                                                                                                                                                                                                                                 |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| 2+                                                                                                                                                                                                                                                          |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| T. REMARKS (Include Exposure Data)                                                                                                                                                                                                                          |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| Steady Noise Exp(TNA 80A): Not Entered, Impulse Noise Exp(dBP): Not Entered, H-2, Pce 6TS, I am aware of a change in my hearing and the need to return for follow-up, Signature: [REDACTED], Health Ed Prov, **** CAE testing today normal. INVALID results |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| D. TYPE OF PERSONAL HEARING PROTECTION USED                                                                                                                                                                                                                 |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| 3 1. SINGLE FLANGE (CER) 2. TRIPLE FLANGE 3. HEAD PHONES EARPLUGS 4. GAS OSMAL CASE 5. MOIST EARTIPS 6. OTHER 7. NONE                                                                                                                                       |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| 8. [REDACTED]                                                                                                                                                                                                                                               |  |                                       |  | I. TRAINING CERTIFICATE NO. |  | J. SERVICE DUTY                   |  | K. OFFICE SYMBOL       |  |                        |  |
| [REDACTED]                                                                                                                                                                                                                                                  |  |                                       |  | 080044N                     |  | 0655                              |  | 68054                  |  |                        |  |
| 1. ALGORITHM TYPE                                                                                                                                                                                                                                           |  | 2. SERIAL NUMBER                      |  | 3. MANUFACTURER             |  | 4. SERIAL NUMBER                  |  | 5. LAST ELECTROACUSTIC |  | 6. CALIBRATION DATE    |  |
| 3                                                                                                                                                                                                                                                           |  | CCA-200m                              |  | MAICO Inc                   |  | 61273                             |  | 08 Aug 2009            |  |                        |  |
| 10. FOLLOW-UP NO. 1                                                                                                                                                                                                                                         |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM (See Item 10.2)                                                                                                                                                                                         |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| AUTOMETRIC DATA                                                                                                                                                                                                                                             |  | LEFT                                  |  | RIGHT                       |  |                                   |  |                        |  |                        |  |
| 5. CURRENT AUDIOGRAM                                                                                                                                                                                                                                        |  | 35                                    |  | 35                          |  | 20                                |  | 45                     |  | 40                     |  |
| DATE                                                                                                                                                                                                                                                        |  | 35                                    |  | 35                          |  | 20                                |  | 45                     |  | 40                     |  |
| 6. REFERENCE AUDIOGRAM                                                                                                                                                                                                                                      |  | 20                                    |  | 15                          |  | 10                                |  | 20                     |  | 25                     |  |
| DATE                                                                                                                                                                                                                                                        |  | 20                                    |  | 15                          |  | 10                                |  | 20                     |  | 25                     |  |
| 7. SOUND POWER THRESHOLD                                                                                                                                                                                                                                    |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| SHIFT (YES)                                                                                                                                                                                                                                                 |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| 2+                                                                                                                                                                                                                                                          |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| I. EXAMINER NAME                                                                                                                                                                                                                                            |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| J. TRAINING CERTIFICATE NO.                                                                                                                                                                                                                                 |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| K. SERVICE DUTY                                                                                                                                                                                                                                             |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| L. OFFICE SYMBOL                                                                                                                                                                                                                                            |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| 1. ALGORITHM TYPE                                                                                                                                                                                                                                           |  | 2. SERIAL NUMBER                      |  | 3. MANUFACTURER             |  | 4. SERIAL NUMBER                  |  | 5. LAST ELECTROACUSTIC |  | 6. CALIBRATION DATE    |  |
| 3                                                                                                                                                                                                                                                           |  | CCA-200m                              |  | MAICO Inc                   |  | 61273                             |  | 08 Aug 2009            |  |                        |  |
| 11. FOLLOW-UP NO. 2                                                                                                                                                                                                                                         |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| MINIMUM 14 HOURS NOISE FREE SINCE CURRENT AUDIOGRAM (See Item 10.2)                                                                                                                                                                                         |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| AUTOMETRIC DATA                                                                                                                                                                                                                                             |  | LEFT                                  |  | RIGHT                       |  |                                   |  |                        |  |                        |  |
| 5. CURRENT AUDIOGRAM                                                                                                                                                                                                                                        |  | 35                                    |  | 35                          |  | 20                                |  | 45                     |  | 40                     |  |
| DATE                                                                                                                                                                                                                                                        |  | 35                                    |  | 35                          |  | 20                                |  | 45                     |  | 40                     |  |
| 6. REFERENCE AUDIOGRAM                                                                                                                                                                                                                                      |  | 20                                    |  | 15                          |  | 10                                |  | 20                     |  | 25                     |  |
| DATE                                                                                                                                                                                                                                                        |  | 20                                    |  | 15                          |  | 10                                |  | 20                     |  | 25                     |  |
| 7. SOUND POWER THRESHOLD                                                                                                                                                                                                                                    |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| SHIFT (YES)                                                                                                                                                                                                                                                 |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| 2+                                                                                                                                                                                                                                                          |  | 20                                    |  | 10                          |  | 25                                |  | 20                     |  | 25                     |  |
| I. EXAMINER NAME                                                                                                                                                                                                                                            |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| J. TRAINING CERTIFICATE NO.                                                                                                                                                                                                                                 |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| K. SERVICE DUTY                                                                                                                                                                                                                                             |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |
| L. OFFICE SYMBOL                                                                                                                                                                                                                                            |  |                                       |  |                             |  |                                   |  |                        |  |                        |  |

# BIO-LOGIC OTOACOUSTIC EMISSIONS (OAE) REPORT - Page 1 of 1

Patient: s  
Birthdate:   
ID:   
Comment:

Ear: Left

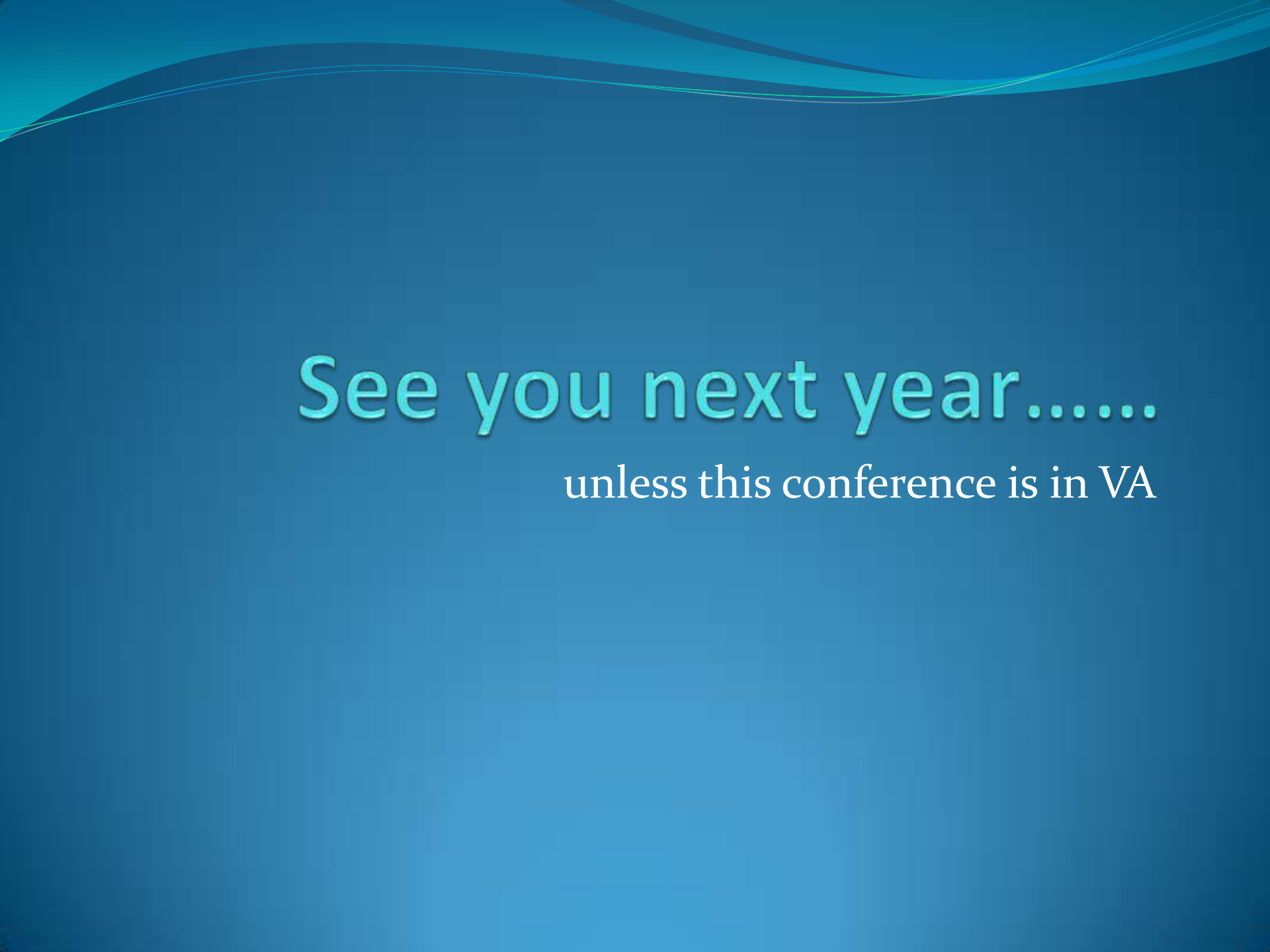


Left: 02-Nov-09: -: 750-8000 Hz Diagnostic Test: 09K02D00.OAE

| L1(dB) | L2(dB) | F1(Hz) | F2(Hz) | GM(Hz) | DP(dB) | NF(dB) | DP-NF(dB) |
|--------|--------|--------|--------|--------|--------|--------|-----------|
| 64.9   | 54.7   | 6516   | 7969   | 7206   | -10.6  | -20.4  | 9.8       |
| 64.2   | 55.0   | 4922   | 6000   | 5434   | -8.0   | -18.5  | 10.5      |
| 64.1   | 55.1   | 3281   | 3984   | 3616   | -1.4   | -12.3  | 10.9      |
| 64.0   | 54.6   | 2484   | 3000   | 2730   | -1.9   | -12.2  | 10.3      |
| 65.9   | 54.9   | 1641   | 2016   | 1818   | 13.1   | -13.7  | 26.8      |
| 65.5   | 55.1   | 1219   | 1500   | 1352   | 10.8   | -6.1   | 16.9      |
| 65.5   | 55.5   | 797    | 984    | 886    | 10.5   | 1.8    | 8.7       |
| 65.6   | 54.6   | 609    | 750    | 676    | 6.3    | -3.0   | 9.3       |

# Sure, we all deal with non-organic

- THESE PATIENTS WERE ALL SEEN IN ONE WEEK!
- Disabled American Veterans Association presents on how to get all you can get at the TAPS classes
- OAE's for all patients that have a 2005 baseline
- Check the PDHA/PDHRA in their record
- Put a sign in your booth that states that Malingering is a punishable offense under UCMJ
- TINNITUS RETRAINING THERAPY



See you next year.....

unless this conference is in VA