
School _____ Last Name _____ First Name _____ Initial _____

Teacher _____ Birthdate _____ Grade _____ Room _____

Date of Test _____	AUDIOGRAM						ANSI 1969					Standards				
	250	500	1000	2000	3000	4000	6000	250	500	1000	2000	3000	4000	6000		
RIGHT EAR							LEFT EAR									

COMMENTS: _____

Tested by _____

Initial Threshold test _____
Retest _____
School Health Record _____
Special Education _____
Parent _____
Child's Physician _____
Other _____
HS-5b (rev. 7/98)
White

School _____ Last Name _____ First Name _____
Initial _____

Teacher _____ Birthdate _____ Grade _____ Room _____

Date of Test _____	AUDIOGRAM						ANSI 1969					Standards				
	250	500	1000	2000	3000	4000	6000	250	500	1000	2000	3000	4000	6000		
RIGHT EAR							LEFT EAR									

COMMENTS: _____

Tested by _____

Initial Threshold test
Retest

School Health Record
Special Education

Parent

Child's Physician

Other

HS-5b (rev. 7/98)
White