

1. Name	2. CAA Client No.
3. Postal Address	4. Date of Birth
5. Certificate(s) applied for Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>	
6. Applicant's Signature: To be signed in front of examiner. <div style="text-align: right;">Date: / /</div>	

7. PURE TONE AUDIOMETRY (all applicants)

RIGHT EAR

Frequency (Hz)

LEFT EAR

Frequency (Hz)

It is mandatory to record at 500, 1000, 2000 and 3000 Hz. Other frequencies up to 8000 Hz are desirable.

SYMBOLS		
Right		Left
○	Air	X
●	Air Masked	#
<	Bone	>
◁	Bone Masked	▷

Audiometer: _____

Calibration Date: _____

8. SPEECH AUDIOMETRY (as indicated)

RIGHT EAR

LEFT EAR

SYMBOLS		
Right		Left
○	Speech	X
●	Speech Masked	#

Earphones: Insert 3A

TDH Headsets

9. IMMITTANCE AUDIOMETRY (as indicated)

Right	Left
_____ Type _____	_____
_____ MEP _____	_____
_____ Immit _____	_____
_____ Vol _____	_____

Contralateral Acoustic Reflex

Ipsilateral Acoustic Reflex

Normal
 Elevated
 Absent

10. Diagnosis/Comments

<p>11. Print Examiner's Name and Address (Practice Stamp Preferred)</p> <div style="border: 1px solid black; height: 40px;"></div> <p>Telephone Number: _____</p> <p>Facsimile Number: _____</p>	<p>12. Client's ID: Indicate the type of photographic ID sighted, serial number and expiry date.</p> <p><input type="checkbox"/> Client's photographic ID sighted at the medical examination.</p> <p>13. Examiner's Declaration: I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.</p> <p style="text-align: right;">Examiner signature: _____ Date: / /</p>
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