



Applicant's surname Licence no.

Given names Date of birth / /19

Initials

Address

Licence Type (please tick box) CPL Flt/Eng. or Nav ATPL ATC Other

Has applicant had any ear trouble since the last hearing test? Y N

If yes, please specify

Does the applicant use a hearing aid? Y N

Has the applicant been exposed to loud noise in the last week? Y N

Are you employed by CASA? Y N or AA Y N

Applicant's Signature Date of Examination / /

Audiogram (please print)

Tested at by (name) Date / /

Hearing threshold level in dBHL

Frequency	Left Ear	Right Ear
0.5kHz	<input type="text"/>	<input type="text"/>
1.0kHz	<input type="text"/>	<input type="text"/>
2.0kHz	<input type="text"/>	<input type="text"/>
3.0kHz	<input type="text"/>	<input type="text"/>
4.0kHz	<input type="text"/>	<input type="text"/>
6.0kHz	<input type="text"/>	<input type="text"/>
8.0kHz	<input type="text"/>	<input type="text"/>

Max allowable hearing loss

35 dBHL Does the applicant pass
35dBHL the screening test? Y N

35 dBHL If FAIL proceed to appropriate SPEECH TEST
50 dBHL

Speech Test

For Flight Crew (Pass = 50%)

For Air Traffic Controllers (Pass = 50%)

Binaural test in Quiet %

Monaural test in Noise % Left

% Right

Monoaural test in Quiet % Left

(Using 70 dB (a) SPL % Right
spoken word)

Audiologists Comments:

Please send completed report to: Office Of Aviation Medicine, Civil Aviation Safety Authority
GPO Box 1544, Canberra City ACT 2601

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