

Part 67 audiometry report



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. Date: / /	

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> <p>Telephone 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>Examiner signature: _____ Date: / /</p>
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AUDIOMETRY REPORT – GUIDANCE FOR APPLICANTS & EXAMINERS

IMPORTANT: Please refer to the General Directions (GD's) for instructions regarding the timing and nature of the tests. (www.caa.govt.nz) The comments below are intended to provide practical advice to ensure that the report is completed satisfactorily and provides the information necessary for an aeromedical assessment.

Purpose of Form:

- **Must** be used for audiometry, speech audiometry and mean hearing loss calculation (as detailed in GD/Gen/02/04 Parts 6, 21 & 22).
 - “**The Examiner**” may be an Audiologist **or** registered Medical Practitioner.
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Applicant Notes:

- The Applicant should fill in Sections 1 – 5.
 - The Applicant should sign the form **in front of the Examiner**.
 - **Photographic ID** as specified in the GD **MUST** be taken to the examination. (For example Passport, Firearm Licence, Driving Licence.)
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Examiner Notes:

- Please **check ID** and witness the **signature** (or get Applicant to re-sign if already signed).
- If results of Pure Tone Audio encroach on **shaded area**, then a speech audio is usually required. Check with Medical Examiner or refer GD/Gen/02/04 and GD/Aud/01/04.
- Acoustic Immitance Audiometry (**Tympanometry**) to be performed where clinically indicated.
- **Acoustic reflexes** to be performed where clinically indicated.
- Remember to include the **type and calibration date** of the audiometer.
- Please ensure that all relevant findings are recorded. If there are significant findings on examination, please **use a continuation sheet** if needed.
- Please ensure that the examiner's name and contact details are **legible** too!

Thank you.