

Occupational Deafness (Compensation) Ordinance Aided Audiogram

Name of Applicant : _____ Date of testing : _____

The following hearing aid is considered suitable for the above-named applicant:

Make	Model

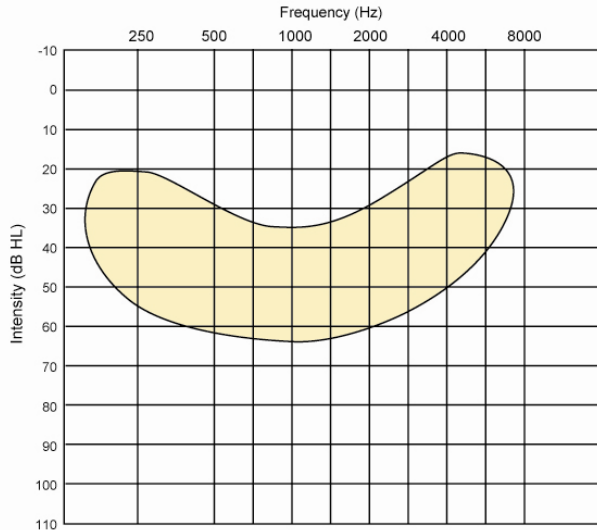
On the date of testing, by using the prescription formula _____, the applicant tried:

- The above recommended model
- A BTE hearing aid of the same grade

Make	Model

Aided audiogram obtained with the trial hearing aid:

Audiogram



HKSA Symbol Key

Modality	Response			No Response		
	Ear			Ear		
	Left	Binaural	Right	Left	Binaural	Right
Air Conduction						
Unmasked	X		○	X		○
Masked	⋈		●	⋈		●
Bone Conduction						
Unmasked	>		<	~		~
Masked	⌈		⌋	⌈		⌋
Sound Field						
Unaided	△	⊗	△	△	⊗	△
Aided	⊗	⊗	⊗	⊗	⊗	⊗
Loudness Discomfort Level	┘		┘	┘		┘
Acoustic Reflex Threshold						
Contralateral	┘		┘	┘		┘
Ipsilateral	┘		┘	┘		┘

Other Information:

Name of Hearing Centre : _____