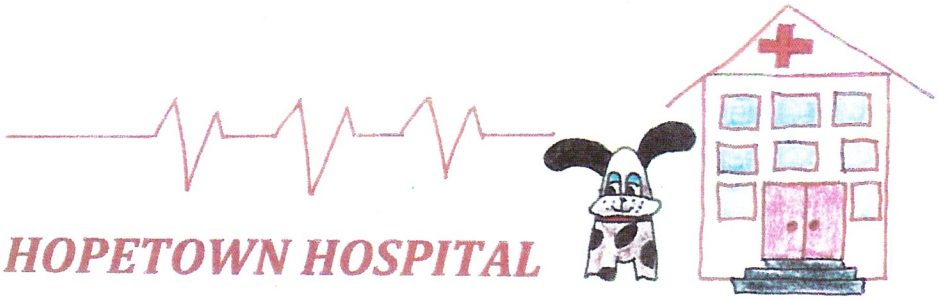

HEARING TEST

Name_____**DOB**_____

Normal Hearing

1														
2														
3														
4														
5														

Mild Hearing Loss

1														
2														
3														
4														
5														

Severe Hearing Loss

1														
2														
3														
4														
5														