



Australian Government
Civil Aviation Safety Authority

Civil Aviation Safety Authority Audiogram



AA1

Applicant's surname Licence no.
 Given names Date of birth / /19
 Initials
 Address

Licence Type (please tick box) CPL Fit/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	Max allowable hearing loss	
0.5kHz			35 dBHL	Does the applicant pass
1.0kHz			35 dBHL	the screening test? <input type="checkbox"/> Y <input type="checkbox"/> N
2.0kHz			35 dBHL	If FAIL proceed to appropriate SPEECH TEST
3.0kHz			50 dBHL	
4.0kHz				
6.0kHz				
8.0kHz				

Speech Test

For Flight Crew (Pass = 50%)

For Air Traffic Controllers (Pass = 50%)

Binaural test in Quiet	%		Monoaural test in Quiet	%	Left
Monoaural test in Noise	%	Left	(Using 70 dB (a) SPL	%	Right
	%	Right	spoken word)		

Audiologist's Comments:

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

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