Department of Labor & Industries Office of The Medical Director PO Box 44321 Olympia WA 98504-4321



HEARING IMPAIRMENT CALCULATION WORKSHEET

y	100	CALCULAT	ION WORKSHEET		
Date	Date of audiogram	Claim num	ber		
Name	l .		Hours since last exposure to noise (must be more than 14)		
	Hearing Loss Formula: A.N.S.I. Hz + 1000 Hz + 2000 Hz + 3000 Hz]		% of loss		
LEFT EAR (X)		<u>I</u>	RIGHT EAR (0)		
<u>Hz</u>	dB level	Hz	dB level		
500		500			
1000		1000			
2000		2000			

Avg threshold for 4 frequencies + 4 =

Less threshold fence of 25 dB - 25 =

STOP here if total is 100 or less

Multiplied by 1.5 equals the % of monaural loss $\times 1.5 =$ Add rating for tinnitus of 0 through 5%

Total percent monaural hearing loss

3000

RIGHT EAR (0)				
Hz	dB level			
500				
1000				
2000				
3000				
S	TOP here if total is 100 or less			
Avg threshold for 4 frequencies	÷ 4 =			
Less threshold fence of 25 dB	- 25 =			
Multiplied by 1.5 equals the % of monaural loss	x 1.5 =			
Add rating for tinn of 0 through 5%	nitus			
Total percent mon hearing loss	aural			

STOP HERE IF EITHER OF THE MONAURAL HEARING LOSS %'s ARE ZERO!!!

Combined Hearing Loss Formula:						
([% better ear x 5] + [% worse ear]) + 6 = % of loss						
% better ear	x 5 =					
Plus % worse ear	+		-			
	Sub-Total		_			
Sub-Total divided by 6	÷ 6 =		_ % Binaural Hearing Loss			

F252-007-000 hearing impairment calculation worksheet 9-00