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



HEARING IMPAIRMENT CALCULATION WORKSHEET

% Binaural

Hearing Loss

Date	Date of audiogram	Claim number	
Name		Hours since last exposure to noise (must be more than 14)	
Monaural Hearin ([([500 Hz + 1	=	1969 $] \div 4) - 25] \times 1.5) = \% \text{ of loss}$	
LEFT EAR (X)		RIGHT EAR (0)	
<u>Hz</u>	dB level	<u>Hz</u> <u>dB level</u>	
500 _		500	
1000		1000	
2000 _		2000	
3000 _		3000	
Total	Phere if total is 100 or less	STOP here if total is 100	or los
Avg threshold for 4 frequencies	÷ 4 =	Avg threshold for 4 frequencies $\div 4 =$	or ies
Less threshold fence of 25 dB	- 25 =	Less threshold fence of 25 dB - 25 =	
Multiplied by 1.5 equals the % of monaural loss	1.5 =	Multiplied by 1.5 equals the % of monaural loss $x = 1.5 =$	
Add rating for tinnitu of 0 through 5%	S	Add rating for tinnitus of 0 through 5%	
Total percent monaur hearing loss	ral	Total percent monaural hearing loss	
STOP HEF	RE IF EITHER OF THE MONA	AURAL HEARING LOSS %'s ARE ZERO!!! **********************************	****
Combined Hearin	ng Loss Formula:		
([% better ear x % better ear	5] + [% worse ear]) ÷ 6 =	% of loss	

Sub-Total

÷ 6 =

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

Plus % worse ear

Sub-Total divided by 6