Biological Calibration Check Form

Audiometer ID_____

Same ear threshold screening

Date	Screener name	Headphone	500 hertz	1000 hertz	2000 hertz	4000 hertz	6000 hertz

DEPARTMENT OF HEALTH

Maternal Child Health section
www.health.state.mn.us

For questions about this document or to obtain this information in a different format, call: 651-201-3760 or email health.childteencheckups@state.mn.us.

Revised 10/01/2017