

AUDIOLOGIST CONFORMITY EVALUATION
Michigan Department of Health and Human Services
Michigan Rehabilitation Services

Patient's Name	MRS Counselor Name
Counselor Address	

To be completed by the Audiologist to ensure fit and function

Hearing Aid Make and Model		
Dispensing Date	Conformity Evaluation Date	
Audiologist's Name		
Ear Mold Fitting <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Hearing Aid Fitting <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Hearing Aid Special Features <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
How has speech recognition improved?		
Were any adjustments made at conformity evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what adjustments were made?		
Comments		
Certified Audiologist's Signature		

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.