

Name: _____

Date: _____

Hearing Test

L D L M A G P P U R R I T S L E V
T K T E D M H G X U N O J A Y M J
I D E A F N E S S K Q O H L U P X
N T Y M P A N O M E T E R C T I R
N Y J S W G M U R D R A E S T A Q
I K A C P K X W O X Y D Z O L E E
T E Y C N E U Q E R F C G U Y N A
U T J P I V T U O P P H C N I L R
S L E R V N I T N L C R X D X I M
O X A B A E I B E K I F V W M V O
E C N N O D M B R C G F C A E N L
C O N A U L I U I A T G G V R A D
A C I A I C M M L C T E K E E Z T
H H P Q E L E J N O U I K S M Q K
Q L A D Z S I V X V V X O C M H E
A E H T K W U C Z C C G A N A E E
W A G N W Y Y D J A P S S W H I C

Semicircular
Vibration
Decibel
Stirrup
Cilia

Tympanometer
Deafness
Cochlea
Volume
Anvil

Soundwaves
Tinnitus
Earmold
Hammer
Lobe

Frequency
Auditory
Eardrum
Pinna
Wax