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Form 22

I, _____
(full name)

Authorise the release of my WorkCover WA Audiometric test results.

Signed: _____ Date: _____

To: _____
(name of employer / person to whom results are to be released)

Test conducted on: _____ At: _____
(date) (location)

By: _____
(Tester name)

Please note: The release of audiometric test results is *not* compulsory. Signing of this form is at your discretion.

Workers' Compensation and Injury Management Regulations 1982

Regulation 19F

- (2) The WorkCover WA Authority shall, on the written request of the worker tested, communicate the results of an audiometric test delivered to it under clause 4 (2) to any person specified by the worker in that request.
- (3) A person who receives the results of an audiometric test under subregulation (2) shall ensure that the results of the test, and any information derived from those results are not communicated to any person other than the worker except at the written request of the worker tested.