Dear Sir/Madam

**Workers’ Compensation and Injury Management Act 1981 – Audiometric Testing**

This letter is to inform you that the baseline audiometric test performed on your worker:



(worker’s full name)

shows that they require a baseline full audiological assessment.

As the employer it is your responsibility to arrange an appointment with your choice of one of the WorkCover WA approved audiologists contained in the list provided.

A Form 18 is provided which must be completed with details of the arranged appointment and given to the worker ensuring they are aware of the pre-test requirements.

A Form 410 is also provided which must be completed and forwarded to the audiologist concerned.

Yours faithfully

Signature

Date



 *(dd/mm/yyyy)*

**Audiometric tester details**

Testing facility



Address





Telephone



Contact person

