



2 Bedbrook Place  
Shenton Park WA 6008  
Ph 08 9388 5555  
Advisory 1300 794 744  
www.workcover.wa.gov.au

# WORKER'S CONSENT TO RELEASE TEST RESULTS

## Form 412

### Section A – Information to be released

Audiometric Hearing Test Results (Baseline and Subsequent)     ENT Report     Audiologist Report

### Section B – Worker's details

I, Surname  Given names

Other former or previous known name/s  Date of birth  Telephone number

Address (as per Driver's Licence)  (dd/mm/yyyy)

City/suburb  State  Postcode

Hereby request and authorise WorkCover WA to release the details of any baseline or subsequent hearing test and ENT reports I have registered with WorkCover WA to:

### Section C – Recipient's details (please also complete name and address if requesting information for personal use)

Recipient's name  Contact telephone number

Recipient's position  Recipient's company

Recipient's address

City/suburb  State  Postcode

### Section D – Signatures

Worker's signature

Date  (dd/mm/yyyy)

Witness' signature

Date  (dd/mm/yyyy)

Witness' name

Witness' address

**Please attach copy of photo ID (driver's licence/passport) and forward to:**

NIHL Officer  
Noise Induced Hearing Loss Section  
WorkCover WA  
2 Bedbrook Place  
SHENTON PARK WA 6008

Email: [noise@workcover.wa.gov.au](mailto:noise@workcover.wa.gov.au)

**For further information:**

Advisory Line 1300 794 744