To: Chief Executive Officer, WorkCover WA notice is hereby given that I have conducted an audiometric  test  retest of:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Given names of worker | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Surname | | | | | |  | Former surname (if applicable) | | | | | |
|  | | | | | |  |  | | | | | |
| Sex (M/F) |  | Date of Birth |  | Phone | | | | |  | Mobile |
|  |  |  |  |  | | | | |  |  |
| Address | | | | | |  |  | | | Occupation | | |
|  | | | | | | | | |  |  | | |
|  | | | | | | | | |  |  | | |
| Email | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| The worker informs me that they have  been employed in a noisy workplace for | | |  | | (years) |  | | (months) | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WorkCover number | |  | |  |  |
| WC |  | **Office use only** ANZSIC |  |
| Full name of employer | | | | | |
|  | | | | | |
| Address | | |  | Predominant industry of employer | |
|  | | |  |  | |
|  | | | **Office use only** ANZSIC |  | |

Level of test Purpose of test

Air-conduction  Full audiological  Medical panel  Subsequent  Retired/Turning 65

Waugh and Macrae’s Criteria (Please tick only if worker meets)

Item 1  Item 2  Item 3

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hearing test results Hertz (Hz) | | 500 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | 8000 |
| Air Conduction | RT Ear |  |  |  |  |  |  |  |  |
| RT Ear \*Masked |  |  |  |  |  |  |  |  |
| LT Ear |  |  |  |  |  |  |  |  |
| LT Ear \*Masked |  |  |  |  |  |  |  |  |
| \*Bone Conduction | RT Ear |  |  |  |  |  |  |  |  |
| RT Ear Masked |  |  |  |  |  |  |  | |
| LT Ear |  |  |  |  |  |  |
| LT Ear Masked |  |  |  |  |  |  |

**Office use only**

Calculated PLH

%

\*Approved medical practitioners or audiologists only

Person conducting test

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | | | | | | |  | Initials |
|  | | | | | | |  |  |
| Tester registration no. |  | Audiometer registration no. | |  | Booth registration no. | |  | |
|  |  | |  | |
| I hereby certify that I have personally conducted an audiometric test in accordance with the Workers’ Compensation and Injury Management Act 1981 and to the best of my knowledge and belief the results are true and correct. | | | | | | | | |
| Signature | | |  | Date of test | |  | | |
|  | | |  | |
|  | |