



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

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

For further information:

Advisory Line 1300 794 744