



## HEARING TEST DATA TRANSMITTAL & INSTRUCTIONS

**EMPLOYER:** Provide Details A) through D) for this employee within the fields below and request the local provider follow the instructions beneath "HEARING TEST PROVIDER".

**A) Employee Demographics**

Last Name	First Name	Gender	DOB (mm/dd/yy)	ID# (if available)

**B) OSHA Audio Questions** (Employee Answers - Y / N; if incomplete then U - Unknown will be entered)

- Do you wear hearing protection on the job regularly?
- Were you exposed to loud noise, without hearing protection, in the 14 hrs prior to the hearing test?
- Do you presently have a head cold?
- Have you gone to a Doctor's Office for ears/hearing concerns in the last year?

**C) Name of Company** test subject is employed by: \_\_\_\_\_

**D) Check next to the reason** this information is being sent to WPI/ Action Needed:

- Enter as **new- hire/rehire baseline** and request a review and report from Professional Supervisor
- Enter as **annual test** and request a review and report from Professional Supervisor
- Enter as **STS 30 Day retest** and request a 2nd review and report from Professional Supervisor
- Other: \_\_\_\_\_

STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP **\*\*\*EMPLOYER STOP HERE\*\*\*** STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP

**HEARING TEST PROVIDER:** Provide Details for items E) through L):

**E) Date of Test** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **F) Clinic Name:** \_\_\_\_\_

**G) Your Name:** \_\_\_\_\_      **H) Credential** (e.g., AuD, COHC): \_\_\_\_\_

**I) Audiometer** (Make/Model/SN#), \_\_\_\_\_      **J) Calibration Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**K) Pure Tone Air Conduction Hearing Thresholds** at the following frequencies in Hz:

RIGHT	.5k	1k	2k	3k	4k	6k	8k	LEFT	.5k	1k	2k	3k	4k	6k	8k
dB								dB							

**L) Otoscopy Results:** Right: \_\_\_\_\_ Left Ear: \_\_\_\_\_

Notes: \_\_\_\_\_

Send completed form to WPI

Phone: 336-834-8775

Email: [wpisupport@wpintegra.com](mailto:wpisupport@wpintegra.com)