



**Firefighters
 and
 Police Officers
 Hearing Examination
 Form**

Name (Last, First, Middle)	Sex	Date of Examination
Address	Age	Date of Birth
Personal Physician's Name	Occupation	

Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,
and 4K Results:

Average of 2K, 3K,
and 4K Results:

Otoscopic Examination

Right	Left

Normal Appearance
 Excessive Wax or Debris
 Abnormal Appearance

Remarks

RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Audiometer		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature _____

Date