

**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

	Medical Referral
	Retest Recommended
	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
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