

San Francisco State University
Communicative Disorders—Audiology Clinic
Hearing Conservation Program (HC-03)

EMPLOYEE NOTIFICATION REPORT

Name _____ Employee # _____ Test Date _____

- A.** Your hearing is within the normal range for both ears. We urge you to wear your hearing protection in noise both on and off the job.
- B.** Your hearing examination shows you to have some reduction in hearing sensitivity. Use of hearing protection is mandatory while you are working in noise and recommended in off the job activities involving noise.
- C.** Your hearing is not within normal range and does show a significant loss. You should wear your hearing protection in noise to prevent further loss. We recommend that you notify your private physician.
- D. STS:** We have noted that your hearing has changed from your baseline hearing test. We recommend that you consult an otologist to determine if there is a medical reason for the change.
- MEDICAL REFERRAL:** It is recommended that you consult your personal physician or and otologist for an evaluation.
- AUDIOLOGICAL REFERRAL:** It is recommended that you schedule an additional hearing evaluation with an audiologist. Please consult our department for an audiologist in your area.

Comments:

Signature _____ Date _____